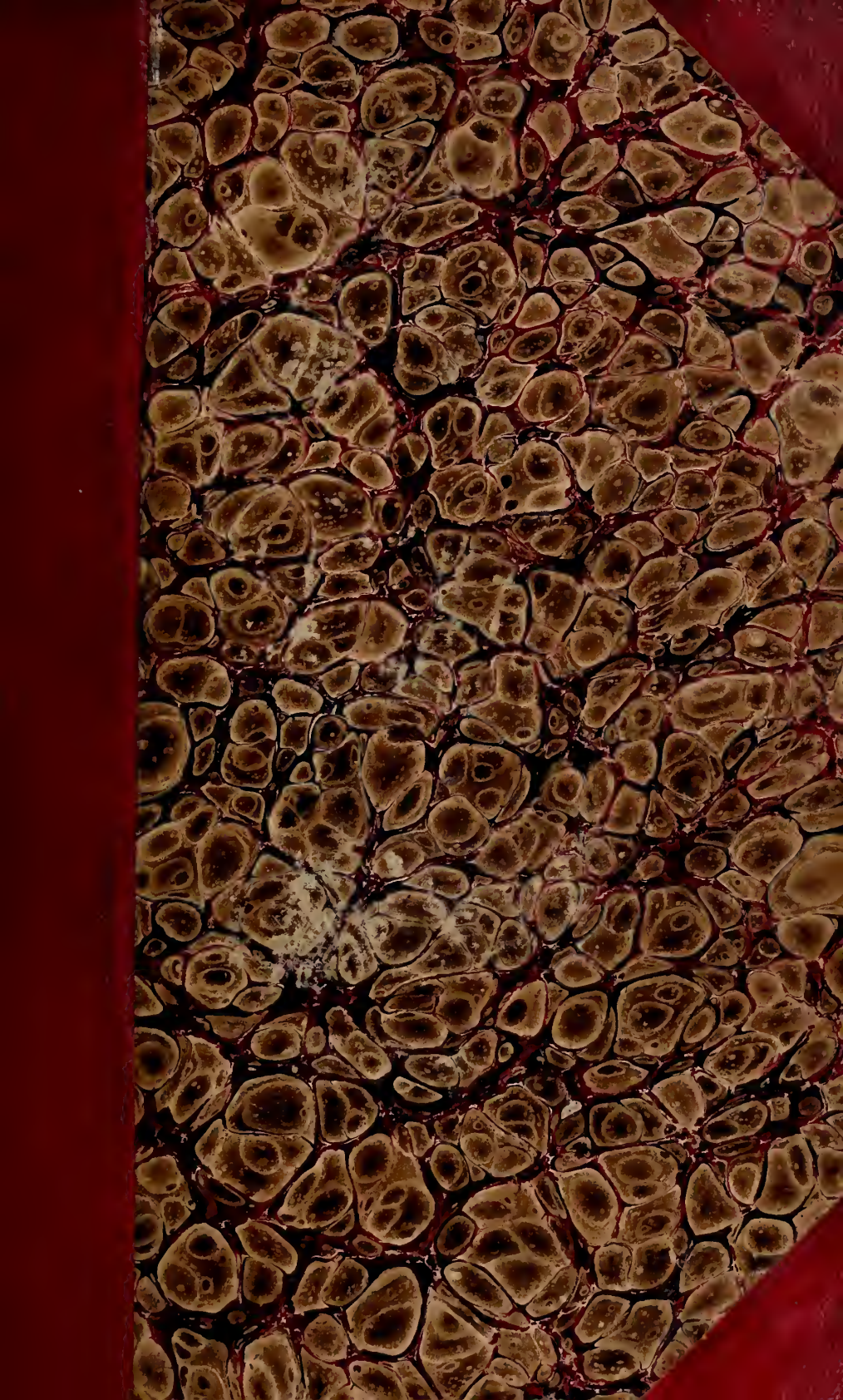


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NEW ORLEANS MEDICAL NEWS

AND

HOSPITAL GAZETTE:

A MONTHLY JOURNAL,

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NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. MARCH 1, 1854. NO. I.

In adding another to the many able medical periodicals now exisiting, it will not be improper to define the object which the editors have in view in presenting the "New Orleans Medical News and Hospital Gazette" to the medical profession. Having appreciated for many years the ample materials afforded by the hospitals and medical institutions of our city, and feeling the necessity of a proper and accurate record of the many interesting facts daily occurring in our midst, we hope, by the Hospital Gazette, to present to the medical public, a correct summary of the existing state of medical science in New Orleans.

The connection which our editorial corps has with the hospitals of New Orleans, affords the opportunity of presenting a regular report of interesting matter; and the assurances of assistance from other attending Surgeons and Physicians, warrant us in making the assertion, that our pages will be found a mirror of hospital practice. One of our chief objects will be to give a voice to the great hospital of this country, not allowing it to dwell forever in the silence of its own walls, but earnestly endeavoring to make its constantly recurring topics of interest, heard by the profession at large.

The periodical press has rendered so much service in the advancement of medical knowledge — has been so efficient in promoting a proper spirit of mutual improvement, that in all places where this form of medical literature has appeared, it has received the approval and encouragement of all interested in the promulgation of medical truth.

The journal will waive all unfriendly discussions. Its limits will not permit long articles of a controversial character; nor will we allow it to become an arena for wordy debate and dogmatical disputation. We shall transcribe facts and aim only at truth — which is too often neglected when minds are clouded by animositics, jealousies, or the excitement natural to debate.

Observations upon the Treatment of Wounds.

By Dr. Warren Stone, *Prof. of Surgery, University of Louisiana.*

Wounds are dangerous or fatal — as a general rule — either from hemorrhage or inflammation, and the result depends much more upon the manner of dressing than is generally supposed. To do justice to this subject, it is necessary to speak of special wounds. Penetrating wounds are dangerous or troublesome; if the subject escape the immediate danger of hemorrhage from the extravasation of blood, either into serous cavities, or beneath fascia, or into intermuscular spaces. Penetrating wounds in thick muscular parts, although no considerable arteries may be divided, are always attended by a free flow of blood, as the muscles are very freely supplied with blood, and, in a majority of cases, the orifice is closed by a strip of adhesive plaster, and the physician thinks he has done his duty. This simple mode of dressing may answer in a large number of cases, but I have seen innumerable cases where serious consequences have resulted from this careless mode of dressing. The orifice being closed, the blood is extravasated beneath muscles and fascia, giving rise often to inflammation and suppuration, and attended with much suffering, if not impairment of the functions of some of the limbs. Blood out of the vessels is a foreign substance, and, although comparatively harmless when excluded from the air, is very destructive in a state of decomposition; but of this I shall speak in another place. In cases of penetrating wounds, it is the duty of the surgeon to have the orifices open, so long as blood issues from them, to force out, if possible, any blood that may be extravasated under the fascia or muscles; making compression in the course of the wounds, so as to secure an adaptation of the deep parts of it, and to prevent the extravasation of blood, and, finally, to command perfect quietude, so that the mischief spoken of above may be avoided. There is nothing new in this, but the principle is almost always overlooked, and I am tired of seeing so responsible a profession practised so carelessly. Where human life, limbs, or suffering is concerned, as is the case always with the practice of surgery, if one course is more secure than another, it should be adopted.

Wounds of joints have been considered dangerous from the admission of air into delicate synovial cavities, and consequently they are drawn together with great accuracy, as soon as possible, without regard to the bleeding. My experience is, that air of the ordinary temperature never produces serious excitement in a healthy state of the system, if admitted freely into a serous cavity, but any foreign substance, and even blood, produces inflammation and suppuration, and if there is no outlet for this product, it ends in ulceration. I have experimented upon cases of ordinary hydrocele, and I find that the sac may be opened freely, and lifted up so as to admit air, and if everything else is excluded, no inflammation follows; the utmost that is observed, is a little increase of the natural serous secretions, but let a small quantity of blood into the sac and more inflammation follows than is required. I may remark here, that the serous membrane is very little contractile while the surrounding cellular tissue is both vascular and contractile, and blood is disposed to flow into the serous sac, through its open orifice, even when the external opening is not closed.

My attention was arrested by the fact, that small penetrating wounds of the joint often proved destructive, while large open incised wounds, although followed by inflammation and suppuration, healed. The conclusion arrived at, after long and ample observation, is, that the mere opening of a serous cavity and the admission of air, is not of much consequence, but if blood gets into the sac, with air, violent inflammation follows, leading to suppuration, and if the pus thus produced is confined, ulceration and destruction of the joint is the consequence; but if it has a free discharge, either through the original wound, or an ample artificial one, it often recovers. The principle of treatment, then, is to avoid the admission of any foreign substance into the joint, and to discharge any foreign product that may result from the inflammation. The wound should not be dressed until all oozing of blood has ceased, and then it may be dressed, to secure, if possible, union by the first intention, and absolute rest enjoined, for every motion disturbs the parts, induces a flow of blood and serum, which necessarily flows into the cavity, and becomes a source of inflammation, more than the mere mechanical disturbance. If, however, inflammation follows, and defies treatment, and is followed by great pain and swelling, it is fortunate if the wound is large and gives way under the pressure, and allows a free outlet to the products of the inflammation. Suppuration takes place readily in serous inflammation, even in healthy conditions of the system,

without in the least endangering the integrity of the tissue, provided the pus has a free discharge. It has been supposed that suppuration was peculiar to mucous, and serous tissue under inflammation, but the truth is, that mucous is the preservative product of mucous, and lymph of serous tissue. and if the inflammation is carried a little further, pus is the product, with as little danger in ending in ulceration in the serous as the mucous tissue, if it has as free a discharge, and not confined so as to become an offending cause. I feel confident, that if all precaution fail, or that if we are called to a case of traumatic inflammation of a joint that has proceeded to suppuration, that it should be opened, and that, early and freely, so that the pus shall have a free discharge. A small opening does not relieve the tension, but admits air enough to render the pus offensive and acrid, and consequently favors ulceration. I could relate numerous cases of large wounds of joints, compound dislocations, etc., in illustration, but I look upon a mere detail of cases as proving nothing. I prefer the conclusions of one in whom I have confidence, believing, that if his conclusions cannot be trusted, his cases are more doubtful.

Contused and lacerated wounds are often aggravated by the dressings. Blood is diffused through the lacerated fragments, and if decomposition is favored by cataplasms, etc., putrid matter is produced, acting as a local poison, and is often absorbed, and produces serious constitutional disturbance, but if the effused blood is carefully pressed from the parts, and the wound covered with lint, and bandaged with as much firmness as will give proper support, lymph will soon be thrown out so as to block up the avenues to absorption, and healthy pus will follow, and the wound reduced to a healthy suppurating one.

In a large majority of penetrating wounds of the chest, death is not produced directly by hemorrhage, but indirectly by the inflammation induced by the blood extravasated into the pleural cavity. It is a mistake to suppose that blood is absorbed in any considerable quantity; for if excluded from air, so that decomposition and disintegration does not take place, only the aqueous portion is absorbed, while the solid part remains, and if situated so as to be surrounded by lymph, may remain an indefinite length of time, without doing serious harm; but in the cavity of the pleura, air is admitted — constantly, if the lung is wounded — inflammation is the inevitable consequence, followed, first: by serous effusion, then lymph, and then pus, and if there is no outlet for these products, the pa-

tient perishes, sooner or later, according to the amount of extravasation. I previously said that the effusion of lymph upon a serous tissue was a preservative process; it, in my opinion, prevents absorption, which would be highly injurious if decomposed blood should be absorbed, and it is probable that it cannot be absorbed in any other way. I have certainly seen cases with all the symptoms mentioned by Magendie, as being produced by the introduction into the circulation of animal poison, where inflammation had been anticipated by the previous use of mercury, etc., and upon examination after death, the blood has been found in a dissolved state, diffused over the serous surface, with no layer of lymph interposing. Many years ago these wounds were much more common than at present. The Spaniard, the Italian, the sailor, and lower class of foreigners, generally settled their little disputes with the sheath knife, as commonly, and with as little concern, as the English do with the clenched fist, and the wounds inflicted with these knives were generally large, and so many recovered that it became a proverb, that a Spaniard could not be killed by a knife. At this time, also, cases often occurred of wounds from the foil, or tri-angular sword-cane, which would present much less formidable symptoms, but which would be followed by inflammation, and if death was not produced by the immediate effects of it, the patient might linger with cough, emaciation, and, finally, hectic would close the scene, and a post-mortem would show the remains of more or less extravasated blood, the traces of inflammation, and its products — lymph, pus, etc., and a collapsed and consolidated lung. Large wounds through the walls of the chest are less dangerous, because air can be admitted readily, and the lung permitted to collapse, and hemorrhage, that would otherwise be fatal, will be arrested. A large wound also furnishes a ready outlet for the blood and the products of inflammation. We should be cautious in closing wounds that penetrate the cavity of the chest, so long as there is any bleeding, either from the outer wound or the lung, for it often happens that blood enough is thrown out by the muscular vessels of the walls of the chest, to say nothing of the intercostal artery, if directed internally, to produce serious mischief, or fatal results.

Ulceration of the Epiglottis, Pharynx and Velum Palati.

By J. Hancock Douglas, M. D., *of New Orleans.*

The following case of ulceration and partial destruction of the epiglottis may not be uninteresting in reference to the question, how far that organ is necessary for deglutition of phonation:

Sept. 12, 1851, was called to see Mrs. ——, who had been ill for some time with what was called ulcerated sore throat; upon entering her house, I found her sitting in a chair laboring for breath, which was attended with a crowing sound upon each inspiration — a sign almost pathognomonic of œdema of the glottis. Her head was stretched forwards, mouth wide open, and eyes very much distended, while the whole countenance indicated great anxiety; the lips were of a livid pale, while the face showed imperfect oxygenation. Her voice was extinct, the aphonia complete — speaking being carried on in a low whisper. Cough was frequent and paroxymal, attended with a copious expectoration of frothy mucous. The patient could take only solid food, for liquid would be returned immediately by the mouth or nose, with an explosive cough.

Before examining the throat, I percussed the chest, and listened to the character of the respiration. There was normal clearness upon percussion, but the respiration was very feeble, and so masked by the loud sounds from the larynx, that its distinctive characters could not be ascertained. The cough elicited no signs of pulmonary disease; there was every reason, however, to infer that but little air penetrated into the air cells. What particularly attracted my attention, upon examining the chest, was a copper-colored scaly eruption, covering the whole of the upper portion, upon both sides, in front, and extending down to near the waist. No similar eruption in any other part of the body, though there were here and there, upon the legs, spots resembling purpura.

The examination of the throat revealed extensive ulcerations and swelling of the tissues of the pharynx, extending up into the posterior nares, and down towards the larynx. The glands upon the base of the tongue were much swollen; no epiglottis could be seen, although great efforts were made to bring it into view by means of the bent spatula. The examina-

tion by the finger revealed an œdematous condition of the lips of the glottis, but at this time, owing to the condition of the patient, I could not satisfy myself as to the epiglottis. There was an ulcer upon the superior surface of the velum, in the floor of the nares, which had just commenced to show itself through the velum palati, a little to the left of the mesial line.

The eruption, and the rapid progress of the ulceration, caused me to suspect a specific taint, notwithstanding the denials of the patient as to having had any primary disease.

I made application to the ulcerated surfaces of a solution of the crystalized nitrate of silver, of the strength of two scruples of the salt to one ounce of water, and prescribed potass iodid, with proto iodid hydrarg.

13th— Found my patient laboring, even more anxiously than last evening, for breath; cough has been very severe, with expectoration of an excessive quantity of frothy mucous. The ulcerations upon the pharnyx, and in the velum, have increased in size. Touched them freely, as well as the lips of the glottis and epiglottis, with the argentine solution. Sol. morphia for the cough; continue mixture.

In the evening I found her still worse; the ulcerations had increased in size. I increased the strength of the argentine solution to eighty grains to the ounce, continuing the other prescriptions.

14th.— Patient has slept a little; expectoration very profuse; cough the same; dyspnœa not much improved. The ulceration in the velum has increased to such an extent, that I can pass the end of my little finger through it; the ulcers of the pharynx have also increased in size. This time I made a *saturated* solution of the crystals of nitrate of silver, which I freely and carefully applied over the whole of the ulcerated surface, and down to the glottis. A similar application was made in the evening; the other treatment the same.

15th.— Has slept more; ulceration has not increased any; cough and expectoration about the same; difficulty of breathing a little better; applications of the saturated solution twice this day.

16th.— Ulcers cleaning a little; respiration more easy; cough still kept its spasmodic character. The same treatment.

This treatment was continued for several days, with topical applications twice a day, when, about the 20th, the ulcerations commenced healing rapidly; the œdematous condition of the whole of the mucous membrane

had nearly disappeared; the cough had greatly subsided, and expectoration diminished. The voice had regained its loud low notes, though still hoarse; the upper tones were yet indistinct. The patient, from the 16th, commenced to eat and drink with some degree of comfort, though, occasionally, the drink would be returned by the nose and mouth, as at first. By the most careful survey, I could not discover the epiglottis by the eye but, upon examining it with the finger, I found that a greater portion of it had been destroyed by ulceration, leaving a very insignificant portion of one side, like an ear, to cover the laryngeal opening.

From the 20th the applications were made only once a day for a week, the ulcerations healing rapidly, particularly that in the velum, which in a very few days presented but a line, where I could easily have passed my finger. The œdema as rapidly subsided, and the ulcers of the pharynx contracted and cicatrised most readily. Although I could not see the epiglottis, I made applications freely to it, suspecting from the symptoms, that ulcerations or œdema had interfered with its office of protecting the opening of the larynx.

The iodide of potassium was continued for several weeks, and after the 1st of October the throat was only occasionally touched till the 10th, when I ceased to visit her, all her symptoms having disappeared with the healing of the ulcerations, except the roughness of the voice.

An examination of the throat two years after the accident, shows in the velum a mere line, like a cicatrix, while in the pharnyx the places of the old ulcerations are marked by contractions of the mucous membrane, which is quite inadequate to cover the glottis. Deglution is perfectly accomplished, and phonation is good, being perfect, save in a roughness or hoarseness of the voice which is not natural, and which I think is owing to the alterations of the walls of the vocal apparatus by the contractions of the mucous membrane. This membrane does not heal by granulation, but by the drawing together or contractions of its surface. This would from the extensive ulcerations, extending from the post nares down to the larynx, including the epiglottis and the edge of the larynx, be quite sufficient to change very materially the consonating walls of these passages.

The closure of the laryngeal cavity, preventing the entrance of either food or liquids, in absence of the natural covering, is warranted by nature, in the extra efforts of the muscles of the larynx, situated exteriorly, and which close it sufficiently for this purpose.

From this case we can learn that the integrity of the epiglottis is not essential to either phonation or deglutition, and though it is placed as a gutter to direct the food into the œsophagus, still, when from wounds or any accident it is lost, nature can supply its absence by a disposition of its remaining forces, and prevent the distressing effects which would otherwise occur.

We see in this case, also, the effects of the strong solutions of nitrate of silver. I have always observed, in cases similar to the above, that the ulcerative process was aggravated by the *weaker* solutions, and I never hesitate in applying the *saturated* solution upon the first appearance of any such destruction of the mucous tissue.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hopital des Vénériens," Paris, 1851, *by Dr. Philip Ricord,*

From Notes taken by Samuel Choppin, M. D.

In publishing Prof. Ricord's lectures on syphilis, we have in view the dissemination of truth, one of the ends of our journal, and the giving to our readers a *clear exposé* of his doctrines on syphilis; which are often quoted, but, perhaps, not sufficiently understood.

In 1830 Dr. Ricord commenced his investigations of the causes and natural history of venereal diseases. He followed up the experiments and investigations of the illustrious Hunter, and the first result he obtained was to convince himself and the public, that a special cause, (perfectly independent of the sexual organs) gave rise to, and occasioned the propagation of syphilis. He attaches a strict meaning to each term he employs, instead of that confusion of synonymous words, which exist in the writings of preceding authors. Considering the term "venereal diseases" in its most extended sense, he defines it to be: "all those affections which are more or less directly or indirectly the consequence of sexual intercourse."

Venereal diseases thus defined, he arranges in two orders:

Order first consists of those affections which follow sexual intercourse, depending upon various causes, independent of any special agent, and therefore non-inoculable — example, Blennorrhagia.

Order second consists of diseases depending upon a special principle,

distinct from all the ordinary morbific principles; affections which give rise to special effects, called *virulent.* We call them syphilitic.

Of this order Prof. Ricord treats in these lectures.

This second order has three distinct stages:

First, those primary symptoms which are the immediate effect of the morbific cause, occurring on the spot where the *virulent* agent has been deposited; as, for example, *chancre.*

Second, those secondary symptoms, which are the consequence of absorbtion into the system of the virulent cause. They are hereditary, but not capable of transmission by inoculation—example, certain affections of the *skin* and *mucous membranes.*

Third, those tertiary symptoms, neither hereditary nor capable of being transmitted by inoculation, but subject to pathological transformations and alterations of the sub-mucous and sub-cutaneous, or of the osseous or fibrous tissues—example, *gummy tumors* (tumeurs gommeuses), *exostosis, periostitis.*

Beginning with a short notice of the history of syphilis, Dr. Ricord treats of each of the above stages of syphilis, with their different manifestations, symptoms, and treatment.

Professor Ricord begins by giving the etymology of the word *syphilis,* a term invented by Fraseatorious, and probably derived from *philein,* to love, and *sus,* a hog. He states that the origin of syphilis is involved in profound obscurity. A glance at the original condition of society convinces us at once, that, although the early history of the disease may be lost in the night of time, it is very probable that it made its appearance soon after the world became thickly populated. He then remarks: "Do not, I beg of you, require me to involve myself in the mazes of history. I have often done so, and to no practical advantage. The further one penetrates, the greater becomes the darkness, and one finally reaches a point where obscurity is complete. There, of course, conjectures must begin. In Sacred History, we find numerous traces of syphilis, though it is not called by that name. King David having already three lawful wives, married a fourth, who communicated, it is said, to her royal lover a disease, with which, twenty-five centuries subsequently, la Belle Ferroniére infected Francis the First.

What strikes every man who studies history without any pre-conceived ideas, is to find in the ancient authors, and especially in those who were

anterior to the epidemic of the fifteenth century, perfect descriptions of all that we now know, and which we range among the primary symptoms.

Is it possible to trace out, at the present day, a description more exact or truer than that of Celsus? And Galen goes even so far as to find some relations between the symptoms of the genital organs and those of the throat. William, of Sallicet, knew that primary ulcerations of the penis were contracted with filthy women; and he established, perfectly, the connection which exists between ulceration of the genital organs and bubocs.

A more exact knowledge of the evolution of the disease, and the connection and origin of the primary and constitutional symptoms, is what has been wanting to observers and historians of syphilis, from the earliest times. What was the leprosy of that period? Was the *elephantiasis* of the Greeks, or of the Arabs, which we recognize at the present day, similar to the leprosy of those times? By no means; for leprosy was then contagious, and it was frequently communicated by sexual intercourse. Evidently, it was not our leprosy. The Bible, in spite of all the efforts of commentators, enlightens us but little on this point.

When astrology ruled the opinions of the world, syphilis was attributed to the fatal influence of the stars. Some contemporaries still give credence to this. I do not know if they have ascertained, astronomically, what took place at that time. I, for my part, have been unable to do so. But it is certain that syphilis always exists, although Jupiter is to-day much more temperate, and Saturn and Venus no longer indulge in connections which had such unhappy consequences to the human race.

In 1493, an epidemic cutaneous affection appeared at Naples, and soon extended over Europe, spreading, everywhere, terror and dismay. As soon as it appeared, reason lost her empire; imaginary causes were everywhere sought, and the probable, if not the real origin escaped the observation of the most learned and wise physicians. Subsequent historians, with Oviedo at their head, have endeavored to prove that syphilis originated in this epidemic, which he looks upon as an effect of divine vengeance.

Astruc was decidedly of opinion that syphilis was an importation from the new world, as the discovery of America and the commencement of the epidemic at Naples were coëval. History in hand, it can be proved, that *pox* did not come from America, though ignorent men pretend to believe that it is still in dispute. Few persons, fortunately, advocate the American origin of syphilis.

I do not wish to insist longer on this historical question, so confused and so obscure, but desire to make only one remark more concerning it. In studying with care the descriptions of the epidemic of the fifteenth century, I am struck with one fact, which seems to be of marked interest.

The mode of transmission of the symptoms, their gravity, the predominance of the constitutional infection over the local phenomena, appears to me to resemble much more what we, at the present day, recognize as acute glanders or farcy, than syphilis. Van Helmont, though very much ridiculed for expressing this opinion, was probably not far from the truth. Although a knowledge of glanders and farcy, existing in man, is very recent, yet his liability to contract this disease, which has existed from all times in the horse, is undoubtedly not a recent fact. How many men suffering from acute glanders or farcy have been taken for syphilitic patients? The mode of transmission of the epidemic of the fifteenth century must strike us. The disease was often communicated by the breath, in churches during confessions, to such an extent that Cardinal Wolsey, accused of having syphilis, was brought to judgment for having spoken in the ear of Henry the Eighth. This mode of propagation is entirely inexplicable in regard to syphilis, as it requires immediate contact.

But you must desire to have me enter into the field of reality. I begin, and adopting the conclusions of Voltaire, I say, that syphilis, like the fine arts, has an unknown origin and inventor.

When did syphilis begin? Through whom did it commence?

[*To be continued in following numbers.*]

Report of Two Cases of Extraction of Cataract.

By C. Beard, M. D., *Visiting Physician, Charity Hospital.*

The operation for cataract by extraction is now almost exclusively preferred, by the best authorities in Europe, to either depression or reclination. Desmarres, Nélaton, Jager, Rosas, and others, extract in nearly every case; and Sichel chooses this mode of operating in ninety-nine cases in a hundred, when the patient has passed the age of thirty.

The following report of two operations, by extraction, made on a patient

with double cataract, may be interesting, as they are the first that have been performed in the Charity Hospital of this city, for some time.

Geo. Wright, aged 50, a gardener, native of Massachusetts, of good general health, entered the eye wards of the Charity Hospital, under my care, on the 11th of May, 1850—he had hard lenticular cataract of both eyes—no complications. The patient was desirous that an operation should be performed as soon as possible, and I accordingly placed him in the best condition for a favorable result; accustoming his eye to the contact of instruments for about a week, and purging him a day previous to the operation.

Early in June, aided by Dr. Choppin, and Mr. Gourlay, student of the ward, I made extraction by the superior corneal section, on the left eye; the patient and myself being in the sitting posture. No accident occurred during the operation, and the opaque lens was removed without difficulty.

After satisfying myself as to the condition of the pupil and iris, the lids were brought together and retained by narrow strips of ising-glass plaster, as recommended by Desmarres, and the patient removed carefully to his bed, well secluded from the light by curtains. An anodyne was ordered with iced applications to the eye, which were to be repeated every half hour. Absolute diet was enjoined. The patient was kept perfectly quiet for three days, when the plaster was removed and the eye examined. The conjunctiva was found to be slightly injected; the pupil somewhat irregular, with no discoloration or any other signs of inflammation of the iris; union of the corneal section was perfect. At the end of a week, the patient was permitted to walk about the ward, with his eye shaded from the light.

Condition of the Eye two weeks after operation: Conjunctiva healthy; size and form of anterior chamber natural; iris unaltered in color, but presenting that peculiar tremulousness, which, with a want of resistance when the eye is pressed upon, is indicative of softening of the vitreous humor. (Synchysis)—On dilation of the pupil by belladonna, a slight irregularity is observed; when undilated it is perfectly circular, but very slightly obstructed internally, and inferiorly, by a minute shred of partially opaque capsule. The position of the corneal cicatrice can scarcely be defined. The patient's sight is moderately good, and but for the above-mentioned pathological change in the vitreous humor, there is little doubt that it would have been perfect. As the case is, with a proper glass, the patient distinguishes faces, moves about boldly, and reads large print.

The epidemic of yellow fever which broke out soon after the termination of the above case, with other causes, prevented me from paying much attention to my patient, until a few weeks since, when I operated on the right eye.

The same plan, as regards the preparation of the patient, was observed in this, as in the last case, and on the 5th of February, aided by Dr. Choppin, and Mr. Gillmore, student of the ward, I operated by extraction, making as before the superior corneal section. As the operation was performed, the patient sitting in front of me, I necessarily used my left hand. The lens was extracted without difficulty, although in consequence of a slightly contracted state of the pupil, a little delay took place, in its passage through that opening.

The after treatment of the patient did not differ materially from that observed on the last occasion. The eye was examined on the third day, and every thing found to be progressing well. In a week the patient was up.

Present condition of the Eye: Conjunctiva healthy; union of corneal section complete; size and form of anterior chamber normal; pupil somewhat irregular, when dilated, but unobstructed; general condition of the eye healthy.

The patient's sight is good. With a bi-convex lens he reads ordinary print, and can see the second hand of a small watch.

EXCERPTA.

TURNBULL AND HIS REVIEWERS.

We transcribe the following from Dr. Wilde's new work on "Diseases of the Ear," as most important and well worthy the attention of our readers. We do so, for these reasons: Dr. Wilde, Surgeon to St. Mark's Ophthalmic Hospital, Dublin, is the highest authority in Great Britain on diseases of the eye and ear. He has thought that a true exposition of Dr. Turnbull's merits and character was worthy a place in his work, on account of the eulogiums lavished on him by the periodicals of the first class, and the success and notoriety which necessarily followed these praises from high sources, and the natural inclination of mankind to grasp eagerly even at impossibilities, provided they are novel, and trumpeted forth with many promises. Turnbull has lost his prestige in Great Britain, certain wither-

ing revelations having been made public by the friends of some of his unfortunate victims. Yet, whilst he is mesmerizing the people, and even the physicians of America, he is still feared at home, for there are always the ignorant or obstinately credulous to be victimized. How much more important then is it, that these facts should be known in this country and in this city especially, where hundreds have confidently flocked to him only to be disappointed; for he still continues his perigrinations. Shall we say it? he had the sanction of some members of the profession here, as an empiric, it is true, but as an erudite and skillful one.

Dr. Wilde says:

"Well-educated and honest men have at last come forward to rescue this branch of the healing art from the hands of quacks and charlatans; and the names of those gentlemen who at present practice aural surgery in Great Britain are a sufficient guarantee that the empiric and the nostrum-monger will be soon driven from the field. Yet that some of these latter still drive a thriving trade may be learned from the puffs and praises bestowed upon them in the literary periodicals of the day. In one of these, from which, from our own knowledge of the honor and integrity of its editors, as well as its hitherto stern and uncompromising stand against quackery of every description, and its high reputation for honesty of purpose and substantial literary merit, we really expected better things, it was some time ago not only asserted, but endeavored to be proved, that by dropping "an alkaloid" into the external meatus, or rubbing the surface of the membrana tympani with it, persons born deaf and dumb have been almost instantaneously cured! Nay, not only is hearing restored on the moment, but the miracle (for miracle it certainly is, if true,) extends to the organs of speech also, as in one case, and that too given on the faith of a medical man, and conveyed in a letter to the operator. He says, that "after repeated examinations of many of the objects under your care, previously to any thing being done, I satisfied myself that they were both deaf and dumb. I have witnessed the application of your remedy to the ears, and bear testimony to them having in my presence obtained the sense of hearing."

But—miracle upon miracle—the faculty of speech, to one who had never heard the sweet sounds of a human voice, follows almost as a matter of course; for, adds the narrator, "and by my own tuition, in a few minutes afterwards acquired the power of speech!" I wonder was it broad Scotch they spoke!

The history of this affair is as follows: In 1837, there appeared in London "A Treatise on painful and nervous affections, and on a new mode of treatment for diseases of the eye and ear, by A. Turnbull, M. D." The portion devoted to the consideration of affections of the latter organ is comprised in six pages, and the treatment consisted of the application of the alkaloid veratria to the external meatus and the parts joining the auricle. "Feeling satisfied," says the author, "that I had in my possession means decidedly effective in promoting absorption through the medium of the nerves, and knowing that deafness often arose from the eustachian tube being obstructed by enlarged tonsil glands, I applied veratria externally over these glands, and found it frequently succeeded in removing their enlargement and restoring hearing." The "electro-stimulation," as the author

terms it, having been found so efficacious in removing deafness, such as has been described in the foregoing quotation, he was induced to extend its benefits to the deaf and dumb, and shortly afterwards it was announced that Dr. Turnbull had cured several deaf-mutes; and advertisements appeared in the newspapers for persons to instruct those patients cured by those means. The possessor of this valuable discovery next proceeded to Scotland, to operate upon the deaf and dumb portion of the inhabitants of that country, but his cures were questioned, and his statements rather severely criticised, in that valuable publication, Chambers's Journal, for 28th September, 1839. By some means, he afterwards proved his case to the satisfaction of the editors, and then, in their publication of 8th January, 1842, No. 519, they acknowledged, in an article headed "Cures for Deafness," the injustice of their previous attack, and were equally loud in praise of the cures said to have been achieved. Several of these cures were said to have been effected upon children either in the Deaf and Dumb Institutions of Scotland, or known to some of the principals in these establishments; and consequently the late Mr. Robert Kinniburgh, a gentleman of great truth and vast experience in the management of the Deaf and Dumb, addressed a letter to the editors, proving distinctly in each individual case related that no cure was effected. This letter, of which I possess a copy, was published upon the 28th February, 1842, but it was only privately circulated.

It is always a matter of difficulty to argue on a medical subject with a non-professional person, for it is quite impossible for a man uninstructed in Anatomy, Physiology, Medicine and Surgery, to be convinced of his error,—to form an opinion of the merits of a cure, or the causes of a failure. Such discussions with non-medical persons should be avoided as much as possible, for they tend to no good, and were it not our conviction that Mr. Chambers, for whom we entertain the highest respect, had been made the dupe of Dr. Turnbull, we would not thus have alluded to the subject here. How few students, after two or even three years' study in the preparatory or elementary courses, would be capable of estimating the value of any medical production put into their hands! And yet, "in order to ascertain in what respects Dr. Turnbull's practice differed from that which is general in the profession," we are gravely informed by the editors of the Edinburgh Journal, that they "studied the most recent and approved works on aural surgery." Had the writer known any thing of the structure of the parts he attempted to describe, he would have been better informed than to publish an account of an analogy between the ceruminous glands in the external meatus, and the mammary gland in the female; for in the article to which I allude he says: "Finding cured persons relapse in consequence of the defect of wax, Dr. Turnbull was prompted to use his ingenuity in endeavoring to discover a means of sustaining that secretion. He *reflected* that the application of the mouth of the child to its mother's breast, by removing the pressure of the atmosphere, causes the milk immediately to flow and he conceived that a similar result might follow with respect to the wax of the ears, if he could by any means remove the pressure of the atmosphere from the external parts. For this purpose, he at first used a syringe with an India-rubber mouth exactly fitted to the aperture of the

ear," etc., etc. Now the veriest tyro in medicine, knows that it does not depend on any atmospheric pressure, but is owing to a morbid action in the follicles themselves, that the ear wax is not secreted. But yet we read—"the plan was successful;" and the reason assigned is, because "the blood-vessels resumed a free circulation and the flow of wax recommenced."

Again: we learn that "clearing of the eustachian tube, for which no means formerly existed but the application of medicines to the bowels, or the *dangerous* use of a catheter, was effected by Dr. Turnbull by the same simple means." Well might the friends and admirers of the Doctor employ the term *dangerous*, for the only record of any accident, or ill-effect having arisen from the employment of this exceedingly simple and harmless operation, occurred to Dr. Turnbull himself, two of whose patients, in the year 1839, fell victims to the operation of catheterisation of the eustachian tube, and on both of whom coroner's inquests were held. One of them, it appeared in evidence, was almost immediately after the operation, attacked with emphysema of the throat and inflammation of the brain, of which he died in a week; and the other, a lad named Joseph Hall, aged 18, and in perfect health, "fell back in the chair perfectly lifeless, and never spoke afterwards."—(*Lancet, July* 6, 1839.) In the first of these cases, it appears most likely that the emphysema was caused by the instrument rupturing and tearing the mucous membrane; and in the second, in all probability the death was caused by the shock or concussion given to the base of the skull by the volume of compressed air; for where the mouth of the catheter was we know not. After this, it seems the Doctor changed his hand, and finding that it was rather a "dangerous" experiment to "blow up" his patients, he determined to *suck* them as much as possible; and in order to effect this, Mr. Chambers informs us, that by means of an air-pump, in connection with a small glass tube, "introduced into the mouth of the patient, and applied to the orifice of the eustachian passage," and consequently behind and above the soft palate? communication is opened between the previously rarified air in the receiver and the orifice, from which a discharge of mucus is *soon made* into the tube which is then withdrawn.

With one word more let us dismiss this subject of Dr. Turnbull and his reviewers—a word worthy of consideration to those who may be induced, by articles such as that to which I have alluded, to submit their deaf-mute friends or relations to useless pain and profitless experiment; and many an anxious parent—some from this country—upon the faith of the report then propagated, and relying on the truth of these cures, visited the *inventor* of the alkaloid, and several spent considerable sums of money in the vain hope of even once hearing their children articulate. That word is this—and it is the more suitable on account of the sanctimonious air assumed in the application of the means employed: Were the miraculous cures of the Saviour, who sighed over the case of the deaf-mute, performed on cases or in diseases that art, either then or now, could have remedied? Could remedial agents, or man's interference, have raised the dead—thrown instantaneously the vigor of youth, and the health and strength of manhood, into the limbs of the cripple—given power to the paralytic—steadiness to the palsied—and calmness to the possessed; or have

cooled the fevered — given, by a word, sight to the blind, speech to the dumb, and hearing to the deaf? If, without the special interposition of Providence, these individuals could have been cured, then their cases were not miracles; but if, without the pale of art, or beyond the power of human means, then were they miracles, and cannot now be performed but by similar means. That, however, the age of miracles was at hand, Mr. Chambers appeared to have some idea, for, no doubt, aware of the instantaneous restoration of speech and hearing to the deaf-mute being one of the miracles assigned to Christ, he concludes by saying: "'Everything but trodden out of existence,' is, in one word, the fate of the individual who has been the first *merely human* being to cause the deaf to hear."

ABSCESS AND PURULENT INFECTION FOLLOWING A DISLOCATION OF THE FEMUR.

Translated from the Gazette des Hopitaux.

The *Gazette des Hopitaux*, of the 10th of September, makes mention of a case of dislocation of the femur, upwards on the pubis, which was, at that time, in the ward of M. Gosselin, Hotel Dieu. It will be remembered, that after an ineffectual attempt at reduction, by demi-flexion of the thigh, the desired result was finally obtained by horizontal traction. Phenomnea of a grave character, to which M. Gosselin called the attention of his pupils, manifested themselves soon after, and the disease terminated fatally.

A few days subsequent to the reduction, and at a time when everything seemed to promise a favorable termination of the case, the patient was seized with pain, swelling, and redness of the inguinal region; fluctuation was soon after observed, and an incision became necessary. This M. Gosselin practiced inside of, and parallel to, the femoral vessels, which were raised up by the pus beneath them. The abscess, which was discovered to be deep by the introduction of the finger, gave issue to a quantity of laudable pus.

From this time M. Gosselin pronounced the case of a grave character, for the reason that it was probable that the abscess communicated with the coxo-femoral articulation. The general health of the patient seemed tolerable, and his movements in bed were unattended with pain. There was no pain in the knee. The depression of the affected side of the pelvis gave origin to an apparent depression of the thigh, which is so often observed in diseases of the hip.

Twelve days after the first incision, a new formation of pus took place near the anterior superior spinous process of the ilium, which required to be evacuated. A few days later, a third incision became necessary. This time the patient manifested discontent, and was so violently irritated, that the use of chloroform was thought requisite.

From this time, he became restless and ill at ease. Early in October, that is, about thirty days after the luxation, which took place on the sixth of September, the patient was seized with continued fever, prostration, dryness of tongue, yellowish skin, with cough and bloody expectoration; at the same time a cordy feeling over the region of the femoral vessels, gave rise to the suspicion of the existence of phlebitis of the femoral vein, and,

although there were no rigors observed, M. Gosselin did not hesitate in pronouncing the ease to be one of purulent infection, remarking that it was probable the fit of anger, and moral condition of the patient, at the time of the last incision, might not be entirely foreign to the cause of its development.

Death occurred on the 18th of October, forty-three days after the accident.

On examination, an abscess was found, which occupied the groin and iliac region, communicating with the articulation through the opening in the capsule; this was vertical, anterior, and internal. The cartilages were not diseased; the lig. teres was completely torn across; the fatty cushion of the cotyloid cavity but little swollen. The femoral vein was obstructed by a slightly adherent sanguineous clot, but contained no pus; this, however, was found in the veins of secondary calibre, situated in the vicinity of the purulent collection, and especially in the epigastric and the circumflex iliac. There were voluminous metastatic abscesses in the lungs and liver.

This presents us with a somewhat rare case of abscess and purulent infection, resulting from a case of dislocation of the nature described.

A CASE OF VIOLENT UTERINE HEMORRHAGE

SUCCESSFULLY TREATED BY TRANSFUSION OF BLOOD.

Mr. Soden has collected in the *Dublin Medical Press*, 36 cases of transfusion; of these, 29 were in imminent danger of death and were saved by the operation. In the cases which terminated fatally, the most rigorous examination failed to show that death resulted from the operation. This, it may be added, was always performed when the patient appeared to be on the verge of death; and in two cases it was doubtful if the patient still lived.

Dr. Soden has proved that the danger of hemorrhages results more from their rapidity than from their abundance, which is in accordance with daily observation. In regard to the quantity of blood which it is necessary to transfuse in cases where the patients are in danger of perishing from hemorrhage, he says that the danger of transfusing too great a quantity has been much exaggerated. This statement is at variance with general opinion, as well as incontrovertible facts which prove that too abundant transfusions are dangerous. As it is proved by recent observation, and even by his own, that a small quantity of blood, say one ounce, is sufficient to snatch the patient from death, one would naturally conclude that it is better to restrict one's self to a transfusion of a moderate quantity. Here, however, is the observation as reported by Dr. Soden:

Observation.—A lady in labor with her second child, was delivered with such rapidity that the phœtus was suddenly expelled and the uterus became inverted. A gush of blood escaped, and the patient fell into a state of syncope. Dr. S. detached the placenta and reduced the inversion. There was no further hemorrhage. Nevertheless, at the end of half an hour, the patient remained weak, pale, and without consciousness, breathing at long intervals. These phenomena increased in intensity for an hour. Respiration became slower, and deglutition totally impossible. Dr. Soden resolved to have recourse to transfusion. He opened the cephalic vein of the pa-

tient, and an appropriate syringe, previously warmed, was filled with blood taken from the husband of the lady. There was at first some difficulty found in forcing the blood into the vein, as it returned by the open orifice; it, however, finally penetrated the vessel. The injection, which the author estimates at about an ounce, having been completed, the patient was agitated by a violent convulsion, which promptly disappeared, giving place gradually to vital phenomena. At the end of an hour the pulse commenced to show itself at the wrist; but consciousness did not return until the next day. Stimulants of all kinds were administered. The return of the patient's strength was slow, but finally complete. She has since borne another child, and her health is good.

BELLADONNA AS A PROPHYLACTIC IN SCARLATINA.

We hear a great deal from the Homœpathists of the efficacy of this drug in Scarlatina. The following testimony against this efficacy is worth their consideration, and shows the utter fallacy of their reasoning, and the sandy foundation on which they build their views:

At a meeting of the Medical Society of London, a long and somewhat desultory discussion took place on this subject, having had its origin in a question asked by Mr. White. Mr. Brown had found Belladonna to invariably arrest the poison of Scarlatina. Mr. Dendy had no doubt that its administration as a prophylactic, mitigated the throat symptoms very materially; but Dr. Rodgers has abandoned its use after a fair trial, from observing that many persons had the disease after the administration of the medicine. Dr. Radcliff had used it extensively; but the very worst cases of Scarlet fever which had fallen under his notice, were those in which Belladonna has been given as a prophylactic. Mr. Roberts has tried it in a great number of cases, but had abandoned it, from his complete disappointment in its effects. Dr. R. M. Glover remarked, that the trial of Belladonna on a great number of cases, in the hands of some of the most careful observers, had ended in its failure; and Dr. Snow, Mr. Clarke, and Dr. Chowne, contended that the negative credence brought forward in support of the efficacy of the "remedy," weighed as nothing in the balance against the positive facts which had been addueed against it.—[From Braithwaite's Retrospect, page 37.

ON THE USE OF BELLADONNA IN SALIVATION.

BY DR. ERPENBECK.

Translated from Schmidt's Jahrbüch.

A woman suffering with enteritis was profusely salivated by the internal and external use of mereury. Dr. Erpenbeck ordered her three grs. of Belladonna, in an emulsion to be taken during the day. On the following morning, the salivation had ceased, being replaced by a dry condition of the mouth. The symptoms returned with the cessation of the remedy and were soon checked by its re-administration. From this case, and others which he has observed, Dr. E. concludes the Belladonna to be a valuable remedy for this unpleasant result of the use of mereury.

CAMPHOR IN ERYSIPELAS.

Translated from the Revue de Thérapeutique Medico Chiurgicale.

The *Medical Gazette* of Russia reports that Dr. Spoerer has reduced the mortality of Erysipelas to a great degree, by treating the disease with camphor, which this gentleman considers to be a specific.

The patient is purged with castor-oil, if there be any gastro-intestinal obstruction, then placed in a warm soap and water bath; afterwards, in bed and well covered. Camphor triturated with gum-arabic and sugar, in doses of one-quarter of a grain every two hours, is then administered. The external treatment (when the face is affected) consists in fomentations about the eyes, with warm soap and water; the face is then covered with a fine linen cloth, in form of a mask. The warm baths of soap and water are repeated from time to time. In Erysipelas of new-born infants, he administers camphor in form of enemata.

In phlegmonous or traumatic forms of the disease, in combination with an external use of camphor, Mr. Spoerer applies it externally, by fomentation, and in cataplasms, mixed with alcohol or an infusion of arnica.

If there be insomnia, he combines with the use of camphor, small doses of opium. He does not deplete, and is contented with the treatment as described, even in cases where the brain is implicated.

A copious perspiration often announces the termination of this disease, but no symptom is so indicative of this as a moist tongue.

Mr. Spoerer cites statistics to support his opinions, and shows, from observations of from 1306 to 1400 cases of Erysipelas, that the mortality has been reduced by his treatment, from one death in seven to one in from thirty to sixty.

NOCTURNAL INCONTINENCE OF URINE CURED BY STRYCHNINE AND TONICS.

DeArtaud reports in the *Revue de Thérapeutique Médico Chiurgicale*, the following fact:

A young man aged 19 years, of lymphatic temperament, consulted him for nocturnal incontinence of urine of two years' standing. The feeble appearance of the patient induced the Doctor to suppose that the incontinence could only be dependent upon relaxation of the sphincter of the bladder. Upon this supposition he prescribed the following pills:

Strychnine, 2 grs.; Conserv Rosar, 40 grs.;

made into forty pills: one pill to be taken morning and evening. At the same time he prescribed a decoction of cinchona bark, with a view to its tonic effect. The patient was well in less than a month.

It has been found that gutta percha and vulcanized India rubber resist the action of fluohydric acid almost perfectly. A solution of the acid, so concentrated as to fume in the air, was found perfectly colorless after having been preserved in a gutta percha bottle for some time. The gutta percha had undergone no change with the exception of being of a somewhat brighter color inside.—*Annal der Chemie and Pharmacie, v. Whöler Liebig, u. Kopp.*

MISCELLANEOUS.

PHYSICO-MEDICAL SOCIETY.

Session Jan. 7, 1854—Dr. R. Bein, *President.*

Dr. Riddell said he had not prepared his promised paper upon Ozone, but should soon present it to the society. The chief object of the paper would be to explain a new and simple plan for the formation of ozone, which had occurred to him. This consisted in pouring dilute sulphuric acid upon black oxyde of manganese, and permitting it to stand for some time without applying heat, when ozone would be formed in abundance. Dr. R. thought it worthy of being tried as a disinfectant.

Dr. Fenner reported an interesting case of Thrombus, occurring in a negress after delivery of her first child. The labor was tedious, the pains not being active, the child and after-birth came away together. Soon after she experienced severe pains in the external organs of generation, when, upon examination, a large hard tumor was found, which gradually increased in size and became painful to the touch. Supposing that blood had become extravasated, in the loose areolar tissue of the part, the tumor was lanced, which afforded some relief from the little blood which oozed from the orifice. Poultices were applied. There were still occasional lancinating pains in the tumor. Two weeks had now elapsed since he first examined the tumor. Dr. F. was of opinion that pus would be formed.

Session February 4, 1854—Dr. Choppin, *V. P., presiding.*

Dr. T. Hunt reported a case of Paralysis, in which both the upper and lower extremities were paralyzed, while the integrity of all the functions depending upon the ganglionic system was preserved. The patient had been troubled for several years with vertigo, but never to such an extent as to cause him to fall. He was seized one night with pains, simulating colic, and upon awaking next morning found that he was unable to move; this was three weeks ago. There was complete loss of motion in the parts mentioned while sensation remained perfect. Dr. Hunt prescribed the bichloride of mercury, on the supposition that there was effusion on the spinal column, compressing the spinal marrow, and producing some derangement of the functions of the anterior portion of the chord. The anterior columns, including the medula oblongata, are known to be connected with locomotion.

Dr. Axson reported several cases of Scarlet Fever, which prevailed to some extent in his neighborhood. The type was mild, but several of the cases after doing well were seized with swelling of the tonsils, producing difficulty of breathing. He had found great benefit in these cases, from the application of nitrate of silver and the tincture of iodine.

Dr. A. had seen some cases of violent dysentery; and had also met with one case of paralysis of the facial nerve, occurring in a lady, most probably produced by exposure to cold. Brodie, he remarked in his lectures, speaks

of having frequently seen such cases in stage-coach drivers in England, produced by their being much exposed in severe weather.

Dr. A. also mentioned as having at that time under his care a child a few days old, suffering from Trismus-Nascentium. He was administering the tinct. cannabis indica, as he had lately seen it recommended in the Charleston Medical Journal, where two cases of success are detailed. The disease is known to be very fatal. He could not say how this would terminate.

Dr. Meux referred to a case of tetanus which had been brought to his office for advice. The child was two months old, and he learned that it had suffered from this disease for a month, not constantly, however. He did not know that it still survived.

Dr. Clapp reported a case of delirium tremens complicated with pneumonia, which occurred in his wards at the Charity Hospital. The patient came in with mania à potu, when a few days after his admission pneumonia supervened. He was bled and placed upon mercurial treatment, which for a time succeeded well; a violent hemorrhage suddenly took place and he died. At the autopsy a few hours after death, the lungs were found hepatised and a large gangrenous spot discovered in the left lung. There had been no offensive sputa nor depression of the vital forces to indicate the existence of gangrene.

Dr. R. Gale mentioned several cases of severe diarrhœa occurring in his practice.

Dr. Choppin reported that he had seen two cases of measels; and also six cases of cholera at the Charity Hospital. Two of these were negroes just arrived from Shreveport, La.; three came off a ship recently from N. Y.; the other was a white person just arrived from Memphis.

Dr. Marshall Hall.—This distinguished physiologist and medical philosopher in his journeyings through our country has visited New Orleans, and been cordially welcomed by the profession here. As a body they tendered him a complimentary dinner, and never has it been our lot to witness a more splendid and recherché repast. Prof. Hunt presided, assisted by Profs. Stone and Wedderburn, and Drs. Bein and Mercier. After the cloth was removed, Prof. Hunt made some eloquent remarks, referring to Dr. Hall's labors in the domain of physiology, and introduced him to the company present. Dr. Hall responded, acknowledging in appropriate terms, the kind manner in which he had been universally received by his professional brethren in the United States.

Many short and pithy speeches were made during the evening by distinguished guests, among whom we may mention ex-Secretary Conrad, Judge Eustis, Judge McCaleb, Senator Downs, Prof. Dimitry, and others, whose sparkling wit, and native eloquence kept the company together till a late hour.

During Dr. Hall's visit to this city, he took the proffered occasion of experimenting upon the alligator, and cheerfully acquiesced in the strong desire expressed, of hearing his peculiar views related by himself. He gave two lectures in the anatomical theatre of the University, before a large body of the physicians of the city, and students of the medical college. The lectures were the same in import and illustration as those he

has delivered in other cities, which have been so extensively reported. The notes taken at the time that Dr. Hall experimented upon the alligator, we take pleasure in presenting to our readers, as they were written down from his own dictation.

Dissection of small Alligator by Dr. Marshall Hall, *Jan.* 13, 1854. Animal decapitated below the medulla oblongata, thorax and abdomen completely eviscerated. Spontaneous motion evident in the head; suspended in the trunk and extremities. Extremities excited; much irregular motion.

Head excited; much irregular motion thereof; cornea touched, palpebræ closed. Motion of head upon touching medulla oblongata. Nostrils touched, mouth opens and all the muscles of the head contract.

Trunk first suspended by a hook, then placed under the edge of a knife; no after motion perceptible. The trunk suspended by hooks introduced near the sphincter ani, remained perfectly motionless for several minutes.

Trunk divided into three parts. Upon irritating the skin of either of the three, *violent contractions.* Superior points of amputation of each being irritated little or no motion. The upper part of spinal marrow of each portion being irritated, muscles below, contract.

Charity Hospital Reports — From February 11th to February 25th inclusive:

Admissions, - - - - - - - - -	372	
Discharges, - - - - - - - - -	302	
Deaths, - - - - - - - - - - -	47	
Annual report for 1853:		
Total admissions — Males, - - -	10,126	
Females, - - -	3,633	— 13,759
Discharges — Males, - - - - -	7,971	
Females, - - - - -	2,762	— 10,733
Deaths — Males, - - - - - -	2,426	
Females, - - - - - -	738	— 3,164
Remaining Jan. 1st, 1844, - - -	508	
Births during the year, - - - - -	159	

It is almost impossible to give a perfectly correct account of the health of the city. Our Board of Health is no longer in existence, and there is no official list of the weekly interments published. Judging from the number of strangers in the city, the comparatively limited number of admittances into the Charity Hospital, and from conversations with our medical friends, New Orleans has seldom been in a better sanitary condition than at the present time.

The *New Orleans Medical and Surgical Journal*, so long and ably conducted by the late Dr. A. Hester, has been sold; we are informed that it was purchased by the heirs of his estate, and that it is hereafter to be edited by Dr. B. Dowler, of this city.

We are requested to state that the publication of the *New Orleans Medical Register* has been discontinued.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. MARCH 15, 1854. NO. II.

There is no class of disease in the whole nosological table which affords so much latitude to the empiric as phthisis. Where the scientific physician has labored to find the touch-stone, which would convert the fading forms of beauty and youth—for it is upon the young and interesting that this disease usually falls—into the fullness and roundness of health, and has failed; there the empiric can equally try his unskillful hand, and never fear the opprobrium of ill success, where all are impotent.

It would seem from the official reports of Massachusetts, that the mortality from this disease is on the increase. For the four years, from 1849 to 1852, inclusive, the deaths from phthisis in that State were 15,270, an increase each year from 3,606 in 1849, to 4,155 in 1852. A part of this increase may be owing to an increase in population, but this cannot account for the whole. What may be the causes which act in thus swelling the crowd annually gathered in by this unrelenting disease, would be interesting to investigate. What effect climatic influences may have, what effect dress; how much the forms and customs of society; and what relation it bears to the approach of civilization, and to the cultivation of the social virtues, are questions for the medical philosopher. We do not intend to speak of these at the present time, our object in these remarks, is to mention one of the forms of treatment, which, like fashions, appear at stated intervals, and are always vaunted as new, by those whose object is gain and whose title is empiric. We mean the treatment by inhalations.

By giving a rapid sketch of the history of this method, we hope to show that there is at least no novelty in the means employed, and we fear but little efficacy.

Inhalation has always been one of the means employed by physicians, from the earliest periods in the treatment of phthisis. A change of climate is the simplest form. In the time of Galen, patients were sent into Egypt, and now again in the revolution of ages, the time has come when the dry air of the desert is sought as a prophylactic and curative agent in this disease. Equitation so much vaunted, is yet another means of producing the inhalation of simple air; the exercise of fencing, walking, etc., the use of the inhaling tubes are all examples, independent of other effects they may have upon the general health.

So much has been hoped for, from the inhalation of air, that many plans have been adopted to favor a change in the lungs by this simple means. Franklin proposed the air-bath, in which the patient was exposed naked in a room, of a proper temperature, and submitted to a slight exercise, by which means the chest was developed, and a certain quantity of air was absorbed by the cutaneous surface. Compressed air has been employed by M. Pravas, of Lyons, who condensed this fluid in an enormous machine, which would hold several persons, and submitted them to the action of a very condensed atmosphere. The object of this was to increase the plasticity of the blood, by making them inspire an air, which in small volume possessed more stimulating properties than ordinary air. Rarefied air had its turn also, but this was used to prevent bleeding from the lungs, in that wonderful cupping machine, which applied over a large surface as the whole leg, produced a powerful revulsive action, in drawing the blood towards that part. Air kept at an invariable temperature is familiar to us all. But a few years ago patients phthisically inclined, were in a manner quarantined during the wet and winter months. Their rooms were kept constantly at the same temperature, and a moderate evaporation of water supplied to prevent too irritating a dryness.

From the inhalation of simple air, the medicated airs were naturally introduced. There is as great an antiquity in their use as in that of simple air. Here is the widest range for the pretender. Under the mask of medicinal inhalations, he can propose the wildest schemes and strangest doctrines. The old writers furnish us with some curious notions upon this subject; scattered through their works, we find almost everything recommended, which we are using at the present time, indeed it would seem that nothing was left for us to try, which had not been exhausted by them. As a curiosity we may mention the emanations from the bodies of healthy

young persons, and it is said that one person in hopes of prolonging life by this means, caused two healthy individuals, to sleep with him, and in another author, not yet one hundred years old, is mentioned a case of a man who lived to the age of 105 years, "restored by the sweet breath of virgins."

Other emanations were in turn lauded, and we read repeatedly of the good effects resulting from a residence in markets, in slaughter-houses, in tanneries, and in factories where bones are worked up, and in poudrette establishments. The exhalations from stables, and cow-yards were at one time greatly in vogue, and many actually took up their residence in the cow-yard, and lived familiarly with the animals. In 1767, a pamphlet appeared from Thomas Reid, introducing this remedy, which was afterwards sustained by such men as Beddoes and Triller. This remedy against such a serious affection, attracted so much attention, that the result was investigated, and though found apparently to alleviate, the effects were yet ephemeral. Pouteau thought, "their influence consisted in the emanations of ammoniacal vapors arising from the dung, acting upon the mucous membrane of the bronchial tubes, in the same manner as chlorine or the balsams." We know in certain forms of bronchitis, that stimulating inhalations are of great advantage, and it is probable the good results which resulted from the emanations from the cow-yard, were in cases of bronchitis without tubercular complication.

The emanations arising from the sea have ever been viewed as a favorable means of treatment. Residence by the sea shore, and long voyages, have been counselled since the time of Celsus, and the belief that a residence in such an atmosphere produced favorable results, induced Laennec to produce an artificial atmosphere resembling that of the sea shore, by placing sea plants in the wards of the hospital. Since then, artificial atmospheres of various kinds have been produced and extolled. We need mention only the burning of tar or rosin, in the room of the patient, or the fumigations of the balsams of tolu, of Peru, of benzoin and storax.

From these, the natural transfer is to the vapors. And here we find the list interminable, commencing with that of warm water, and then comes the decoctions of emollient plants or of the aromatics, or again the narcotics, many of them good, others injurious, but all equally praised by their projectors as the desirable specific.

Almost all the narcotic plants have been used in the way of smoking,

either by cigar or in a pipe; other therapeutical means have been tried in the same manner. At one time a peparation called *arsenical* was used which was composed of the yellow sulphuret of arsenic, in combination with some of the balsams, as olibanum and storax, and opium. This however, was soon relinquished and condemned as dangerous, from its poisonous properties. In our present pharmacopœa we find cigarettes of stramonium, digitalis, belladonna and camphor, and of paper saturated with a solution of arsenic and corrosive sublimate.

Oxygen, chlorine, and carbonic acid gas, have each been tried; the chlorine only remains in use. Laennec tried its efficacy in his wards at La Charité, but with little success. Drs. Williams, Stokes, and Louis, report against its use. In cases of laryngeal or bronchial affection, and of nervous aphonia, this latter inhalation may be of great advantage. In nervous aphonia it has been used to some extent, and highly recommended by Prof. Pancoast, of Philadelphia.

The emanations from the sea shore, and the use of burnt sponge, in scrofula, suggested the introduction of iodine, which has enjoyed an unusual reputation in the treatment of phthisis. The pure salt, and all its combinations have been employed. Sir Charles Scudamore has given the weight of his authority to the union of iodine with iodide of potassium, and the tincture of conium.

Notwithstanding the eulogiums given to this combination by its projector, the experiments of M. Baudelocque, prove that the vapors from it carried into the circulation are borne with difficulty by the patient. We incline rather to the use of the simple salts of iodine, as employed by M. Piorry; a few grains are placed in the bottom of a wide-mouthed bottle, and the vapors of iodic acid as they arise are inhaled, for five or ten minutes at a time. The vapor of tar, of which we have already spoken, was highly recommended by Sir A. Crichton, but after experiments by Dr. J. Forbes, has proved it to be often injurious. The vapor of creasote in suspension in warm water has lately been extolled, but there are no convincing proofs that it is of service in phthisis, while in bronchitis it may be used to advantage. This practice may easily have arisen from the inhalation of tar.

We will not, however, extend this list longer. From what we have already given, it will be seen that there is no novelty in the treatment, that nature has been ransacked, and science put to the test, for new sub-

stances and new combinations, but that neither art nor science has been able to invent or discover an efficacious remedy against this disease. The remark of the severe observer Louis, when critically examining the effects of remedies in phthisis, is especially applicable to the employment of inhalations. "The same reflection applies to all these modes of treatment. When they have been employed by others than their inventors, they have ceased to produce the effects attributed to them. This is not to say that they do not possess a certain degree of utility, but it is only in moderating the violence of some symptoms, and not in producing the cure of the disease."

Observations upon the Treatment of Wounds.

By Warren Stone, M. D., *Prof. of Surgery, University of La.*

[Continued from last Number.]

In the previous number, in the remarks on serous inflammation, my meaning was not fully expressed. What I meant to say was, that it has been believed that pus was the peculiar product of mucous tissue under inflammation, and lymph of the serous; but my opinion is, that the same degree of inflammation produces pus in both tissues. The mucous tissue, in a state of health, secretes no appreciable amount of mucus, but under inflammation, it is effused in abundance, and if the inflammation is severe, pus is effused, and the same degree of inflammation in a serous tissue produces lymph, and serum cannot be considered a product of inflammation. When there is over fullness of the vessels, either from a flux of blood to a part, or from obstruction to the return in the veins, more or less serum escapes by exosmosis in the natural state, but lymph is the first effusion that can be properly called a product. The only reason I can see why suppurative inflammation of the serous tissue is more serious than of the mucous, is that the product is confined in a closed sac, while in mucus inflammation it has a free discharge. Take a case of hydrocele for a familiar example; lay open the sac freely, and if just inflammation enough is produced to effect adhesion of the tunic to the testicle, very little pain or swelling follows, but if a little too much takes place, pus is effused; but still nothing serious follows, if the orifice is kept free for its discharge; let it, however, be confined, and great pain and ulceration is

the sure consequence, and the sooner it is discharged, by a free opening, the better. But to return to penetrating wounds of the chest. There can be no doubt that a large wound, by admitting air, allowing the lung to collapse, is less likely to be immediately fatal from hemorrhage, and the opening furnishes a ready discharge for the effused blood and the products of the inflammation that necessarily follows, thereby lessening materially the danger from it. The great horror of admitting air into the chest, while blood, pus, etc., are disregarded, is like straining at a gnat and swallowing a camel. Experience satisfies me, beyond a doubt, that if the lung is seriously wounded, and there is any immediate danger from hemorrhage, air should be admitted, and the lung enabled to collapse, and this danger being averted, the extravasated blood should, if possible, be discharged from the cavity of the pleura. This cannot well be done until inflammation enough has taken place to secure the patient against the danger of recurring hemorrhage. If the wound is large, no attempt should be made to close it, if there is much blood in the pleura; it may be covered so as to prevent the ingress and egress of air, and left for the discharge of the blood and whatever may be produced by the inflammation. If, however, the wound is small, with extravasated blood, it is best, I think, to treat the inflammation, and wait until the first acute inflammation subsides before an opening is made for its discharge. The operation should not be delayed too long, for I hold that even when the patient escapes the immediate danger of hemorrhage and inflammation, the extravasated blood and pus that will almost certainly be the result; will destroy the patient unless it is discharged. Since writing the article in the first number, I noticed an article in the New York Medical Monthly, in which a number of cases were related by Dr. Bowditch, of Boston, showing the importance of paracentesis for the discharge of the products of pleuritic inflammation. These cases are very interesting, and Dr. Bowditch is a man upon the accuracy and truthfulness of whose cases the the profession can rely. In wounds of the abdominal cavity, we have, in addition to the danger of hemorrhage and inflammation from this cause, the danger of wounds of the hollow organs and the escape of their contents into peritoneal cavity. If the intestine is wounded, and it happens to be empty at the wound, there is a fair prospect, if the patient is kept quiet, and the bowels dormant, that the wounded organ will adhere to the walls of the abdomen, and thus close the wound and arrest the danger.

If, again, there is an escape of some of the intestinal contents, there is still a chance for the patient, if kept quiet; for adhesion of organs around the wound may take place, and although violent inflammation will take place, the products will be circumscribed, and may be discharged through the wound in the abdominal wall, or, in case of necessity, an opening should be made. This is no fancy sketch, and I may be induced, at some future time, to detail cases to illustrate fully the principles I have laid down; for a detail of cases may be tolerated when given to illustrate a principle, and not to advertise a physician. The treatment of these cases is simple. In addition to the usual antiphlogistic measures, absolute rest, if possible, in a fixed position, and in order to effect this, large opiates should be used, which will at the same time quiet the patient, and stay every thing in the bowels, until adhesion shall have time to take place.

Pleurisy with Effusion.

By Theodore S. Clapp, M. D., *Visiting Physician, Charity Hospital.*

James Venables, a native of Liverpool, England, aged 20, occupation sailor, light hair, fair complexion, and of a lymphatic temperament, entered the pay ward of the Charity Hospital, on the 16th of February, 1854, complaining of great dyspnœa.

He stated that he had been suffering from a difficulty of breathing two weeks previous to his admission, and that about the latter part of January, while exposed to the inclemency of the weather, he caught a violent cold, which caused him to cough a good deal, and expectorate (to use his own words,) a great quantity of nasty dark matter. He says that he also suffered from a violent stitch in the left side, preventing left lateral decubitus; this, however, soon disappeared and was succeeded by difficulty of breathing, which continued to increase up to the day of his entrance.

When first seen, the patient was propped up in bed with a chair and pillows, being unable to assume the recumbent posture. His face was flushed and livid, lips blue, indicating the existence of some impediment to the free action of the lungs.

On inspection, it was observed that the chest presented an inequality of

development, the left side being much more dilated than the right; this, at once, gave a clue to the nature of the case. The heart was felt pulsating in the epigastric region, and the point of maximum intensity of its sounds was on the right side of the sternum.

On percussion, the right side was found to be perfectly resonant, whereas the left was dull from summit to base.

On auscultation, bronchial respiration was audible, (this is by no means a constant symptom in pleurisy. Barth and Roger state that they examined twenty-six cases of this disease, taken at random from the wards of Hotel Dieu and La Charité, and that they succeeded in finding traces of bronchial respiration in nine cases only; in the other seventeen it was totally absent, even during forced inspiration,) when the patient was made to speak; egophony was very distinct; total absence of respiratory murmur in left lung, supplementary breathing in the right; diagnosis pleurisy, with effusion.

He was ordered to be cupped, and a large blister was afterwards applied to the chest, and the following ordered:

Calomel, 12 grains;
Opium, 3 grains;

To be divided into six powders; take one every hour. As his heart was beating very violently, he was also ordered —

Digitalis, 6 grains;
Squills, 6 grains;

Divide into six pills; one to be taken every second hour.

The next morning, 17th, the dyspnœa was still very great; continued calomel powders, and pills of digitalis.

On the 18th, he complained of a cough, which was accompanied with some sputa. Upon auscultating his left lung, the respiratory murmur, accompanied by subcrepitant rale, was heard at the summit. The following mixture was prescribed:

Tartarized Antimony, 6 grains;
Syrup of Squills, 1 ounce;
Mucilage of Acacia, 5 ounces;

Table-spoonfull every two hours.

The calomel powders were continued without the opium, which produced several copious evacuations. At evening, he said he felt better; his breathing being much more easy.

19th.—But little change in the condition of the patient. Tartar emetic continued, also the calomel.

20th.—Gums slightly touched; the mercury was ordered to be discontinued; effusion began to disappear rapidly; respiratory murmur was heard distinctly in the whole of the upper part of the left lung; percussion gave a resonant sound; dyspnœa much relieved; the recumbent posture then became possible.

21st.—Patient still coughs some; respiratory murmur has already reached the lower third of the lung; a little subcrepitant rale was audible; the heart commenced to assume its normal position; resonance on percussion; ordered brown mixture.

22d.—Patient still improving; some frothy expectoration, announcing the existence of slight bronchitis; continue brown mixture.

23.—Patient is able to get up and walk about; breath a little short, but improving rapidly.

26th.—Patient asked to be discharged; every symptom of effusion had disappeared; the heart had resumed its normal position; respiratory murmur heard all over the chest, and the patient declares himself to be well.

This case is an excellent illustration of the power of mercury and blisters to control effusion, when dependent upon inflammation of a serous membrane.

Expulsion of a Fish-bone through Parietes of Abdomen.

Reported by G. A. Nott, M. D., *Prof. of Materia Medica and Therapeutics University of La.*

A few months since, I was requested by Dr. Campbell to see a patient with him. He gave me the following account of his condition, past and present, as far as he knew. When called in about one week previously, Dr. C. was told that the patient, (a German about 45 years of age, of good constitution,) had been treated for dysentery—all the symptoms apparent—then for inflammation of the bladder—pus having been discharged by the urethra, (?)—and for some time afterwards for an undefined *tumor* of the abdomen. This *tumor* gradually increased; the general health became much impaired, and the patient was finally left to die, or get well, as the case might be. The symptoms becoming aggravated, I was called in. I found him much emaciated, depressed in spirits, etc. On examination, I could discover nothing more than an inter-muscular

abseess between the umbilicus and pubis. Of course, nothing could be done but to make a free opening and allow the pus to escape. I did so. A copious discharge of fetid pus was the consequenee, *but with it a fish bone*, about an inch and a half long, apparently a rib. The mystery, (if any,) was developed. I advised a generous diet, and the patient was soon well. I learn from the subjeet of this notice, who has since called to see me on business, that several weeks before "his attaek," he had dined upon boiled trout; that during his dinner he suddenly felt a "choking pain in his throat," but, as is customary in common life, he was thumped on the baek, and so on, with relief, and thought nothing more of it until this bone was discharged. A week or more after said dinner, as he was sitting in his store, he unexpectedly felt a violent pain in the abdomen, "which bent him double." The distress continued until he was compelled to call in medieal aid, as above mentioned.

Almost every praetitioner has, now and then, to extraet needles, pins, or other foreign bodies, that may or may not have been taken into the stomaeh. The common belief is, that they are so. In the present ease, I think there ean be no doubt.

Farther than this I draw no inferenee, as I believe the objeet of your journal—a good one—is to report facts.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hopital des Vénériens," Paris, 1851, *by Dr. Philip Ricord*, From Notes taken by Samuel Choppin, M. D.

[Continued from the last No.]

NO. II.

"When did syphilis begin? With whom did it commenee? I mueh fear that these questions are forever unanswerable. What we ean ascertain is, that syphilis, as it exists, is a disease which belongs exclusively to man, and never appears spontaneously. A disease purely contagious in its character, in certain conditions which ean be positively determined. An affection, local in the onset, and suseeptible of remaining local, manifesting itself, where the speeifie eause has aeted, and having the power to extend itself to neighboring tissues, in preserving its character; that is, of reprodueing itself by penetrating into the system and giving rise there to mani-

festations, which though not transmissible by contagion, are hereditary. A disease, in fact, which requires a specific treatment. Glanders and farcy seem to be to animals, what syphilis is to man.

"At the present day, there exists no well authenticated case in the annals of science, proving the spontaneous origin of syphilis in man.

"All the numerous experiments of John Hunter, Cullerier and a host of others, to produce syphilis in animals, have been unsuccessful. When I was pursuing my experiments on inoculations of syphilis, I attempted to communicate the disease to dogs, rabbits, guinea pigs, cats and pigeons, but could not succeed. Lately, however, certain experimenters have endeavored to prove that syphilis was transmissible to animals, but so far they have only been able to produce primary and essentially local symptoms on the monkey. This is not pox—and until they shall have been able to produce in the animal an *indurated* chancre, giving rise to constitutional symptoms, or a phagedænic ulceration, we are justified in concluding that the animal has only served as a transplanting ground for the virus. Until these effects are produced, their experiments will be insufficient to destroy all that has been established by learned men on this point. At present, we can only say, that we can deposit and preserve virulent pus on the monkey, and make use of it afterwards to inoculate man, but just as it may happen in transplanting a shrub from one nursery garden to another, notwithstanding all the precautions which may be taken in order to sow it, whether we water it, or nurse it under a glass cover, it dies before it has shot out its roots, and bears no fruit.

"It is perfectly impossible in the present state of science, to determine *when*, *where*, or under what circumstances the syphilitic *virus* made its appearance. The actual and only source is in the secretion of a particular sore called *chancre*, at its period of progress or of *statu quo*. Pus, then, is the only secretion that contains the specific virus, and this is, generally, of a thin, sanguineous and ichorous character. Thick laudable pus, or even muco-pus, scarcely ever contain the specific virus. This secretion may either be of alkaline or acid reaction—circumstances depending upon the situation of the sores. A chancre in the vagina, generally produces pus of an acid reaction.

"This virus cannot be isolated from the pus; neither the microscope nor chemical analysis have been able to effect this.

"Gangrene and putrefaction have the property of neutralizing or destroying the specificness of the syphilitic virus. Some observers have pretended to have found animalculæ in specific pus, but they are not peculiar

to virulent pus, for inoculable matter taken from a bubo just after it has been lanced, is found to contain none of these *vibrio*, which only make their appearance, after the pus has been in contact with the atmosphere a certain length of time.

"The various normal secretions of the body, such as the semen, the urine, the milk and saliva, have been accused of transmitting the virus, but in no case are they the *vehicle* of syphilitic virus, without having been previously mixed with the pus furnished by chancres of the urethra, nipple or mouth. Nor do these secretions seem capable of altering the character of that virus. The quantity of the vehicle does not diminish the action of the specific virus, for one drop of specific pus, diluted in a large quantity of water, is still inoculable.

"Is there but one syphilitic virus, or is there a plurality? The doctrine first proclaimed by John Hunter, that there exists but *one syphilitic virus*, which is modified according to the state of the system of the individual who contracts the disease, Doctor Ricord still professes, though he acknowledges that his convictions are becoming somewhat shaken. Numbers of facts and experiments would seem to prove that one variety of chancre will reproduce that same variety; for instance, chancres on the same individual usually present similar physical characters. An indurated chancre and a phagedænic sore are never met with on the same individual. Pus from an indurated chancre always reproduces an indurated chancre, and an inoculation from a phagedænic chancre, always reproduces a phagedænic chancre. Scruples which cannot be too much admired, have prevented Doctor Ricord from inoculating one person with the secretion of a sore from another, therefore he has been unable to elucidate this problem by direct experimentation.

"Doctor Ricord has never seen constitutional syphilis, follow a chancre which was primarily phagedænic. Indurated chancres may become phagedænic, and then the system be infected, but never otherwise. Sometimes phagedænism destroys the induration.

"Wherever you have buboes suppurating specifically, that is, the pus of which is inoculable, constitutional symptoms never follow.

"In order that virulent pus should be inoculable, it should come from a chancre in a period of progress, or of specific *statu quo*. I have proved incontrovertibly that virulent pus always acted in the same manner, whatever may be the situation of the chancre that produces it; that sexual intercourse was not at all necessary to cause it to act specifically, that it need not even be fresh. Chancres situated in the various regions of the body,

will without a single exception, furnish inoculable pus; results obtained by artificial inoculation are much more certain than those contracted in the ordinary manner, and virulent pus kept for seven days was still found to be inoculable.

"In venereal hospitals, chancres may be transmitted from one individual to another by means of tobacco-pipes, drinking-glasses, etc. The use of chamber-pots, and water-closets, has been the means of transmitting syphilis. Believing that such means of transmission are possible, we maintain that they are not as common as are successfully pretended by some married people, and parsons, or those who have indulged in illicit practices.

"Does specific pus always act specifically? No, it can act in two different ways. First, as ordinary pus, by simply irritating the surrounding tissues, and in this manner it always acts when the tissues are neither eroded nor inflamed; on the other hand, it acts specifically, that is by producing the specific sore, and *that* inevitably when the tissues are in a proper condition, erosion or absence of epithelium. Very often it has to prepare its own way, by first irritating the surface, and destroying the epithelium; this being done, it acts specifically.

[*To be continued in following numbers.*]

A Case of Trephining.

By Dr. W. Stone, *Professor of Surgery, University of La.*

The use of the trephine as a remedial agent in epileptic convulsions, cannot be recommended with much reason or propriety; yet there occasionally occurs cases where from disease of the bones of the skull, internal ostitis or thickening of the membrane, the pain and suffering is more or less localized, and lead to the supposition that such may be the cause of the convulsive attacks mentioned in the following case:

In 1841, I was requested to see, in consultation with Dr. Davezac, Mr. F****. I found him laboring under epilepsy, which had assumed the periodic form, returning every four weeks, from the effects of which he scarcely recovered before the time of another attack. I recollected to have seen the patient before, some time in 1839, when he was suffering from tertiary syphilis; iritis, and a soft node on the forehead, which was absorbed

under treatment. Dr. Davezac had encouraged him with the hope of relief from an operation, but recognizing the patient, and believing there had been absorption instead of depression, I declined operating. The disease, however, defied treatment, and having in the meantime made a post mortem examination of a case, which showed internal ostitis, evidently the cause of convulsions, I was induced to apply the trephine; nothing was discovered, unless a thickening of the dura mater, the patient expressed himself relieved from certain indescribable sensations; he had a slight convulsion that evening, and no return for twelve years. A year ago he had a recurrence of his convulsions, the periods between each attack becoming shorter, until they recurred every week. Applying to me again for relief, and his condition having been so much improved by the former operation, I again applied the trephine, operating on the edge of the former opening; he has again been relieved, with no return of convulsions.

Case of Pericarditis.

Reported by E. Pollard, M. D., *Visiting Physician Charity Hospital.*

E. M. C., a native of Maine, 16 years of age, was admitted into the Charity Hospital on the 5th of February, 1853, complaining of a diarrhœa, for which the usual house mixture was prescribed. I saw the patient on the morning of the 6th, and found him with some fever, a dry skin, and much cough. Examination of his chest showed an acute attack of bronchitis, the left lung being principally affected; his sputa was thick, frothy and tinged with blood. Prescribed compound syrup of squills and paregoric. On the morning of the 7th, found patient's condition unchanged; continued medicines. On the 8th, diarrhœa had ceased; fever still high; prescribed syr. scilla comp. with the liquor ammon. acet. 9th.—No change. 10th.—Expectoration much more free. I noticed, however, swelling of both parotid glands; ordered blisters to be applied to them. 11th.—Appears better; same remedies continued. 12th.—The swelling of the glands was dispersed; fever increased; ordered 20 grains of quinine, to be taken during the day. On the 13th, his febrile symptoms ran higher than ever before; tongue and skin dry; right shoulder much affected with rheumatic pains; breathing oppressive, and countenance anxious, and yet nearly all symptoms of bronchitis had disappeared. All doubts of the cause of his

suffering was removed on auscultating the præcordial region. I there detected a rough friction sound. Blood was ordered to be abstracted by cupping; calomel and opium given in small doses, together with the use of mercurial inunctions, so as to obtain, as soon as possible, the specific effect of mercury.

14th.—Friction sound undiminished, and a splashing sound, indicating effusion into the pericardium, was heard at the apex; breathing is still laborious, and patient complains of being obliged to lie on his back, it being uncomfortable for him to turn to either side. A large blister was applied over the region of the heart, and ordered to be dressed with mercurial ointment.

15th.—Lies much more at ease; his gums are affected.

17th.—All acute symptoms gone; he still continues to take small doses of calomel.

18th.—Blistered surface healed. On examination, found at the apex of the heart an endocardial murmur accompanying the systolic sound.

21.—During the last three days patient has slowly improved; he is now able to get up and go about.

In no organ of the body is disease apt to be more insidious in its approach than in acute affections of the heart, so that I thought a detailed account of the above case might not prove uninteresting.

Compression as a Curative Agent in Epididymitis.

By S. Choppin, M. D., *House Surgeon, Charity Hospital.*

Case I. Jean Cazendre, a native of France, 19 years of age, was admitted in No. 9 ward of the Charity Hospital, on the 5th of February, 1854, complaining of pains in the testicle. Upon examination, his left testicle was found to be very much swollen, and excessively painful to the touch. This swelling had existed for three days. The penis being examined, a purulent discharge was discovered, which at once gave a key to the nature of the affection. The patient was suffering with epididymitis. Punctures were made with the point of a lancet over the inflamed organ, frictions of mercurial ointment were ordered, and poultices applied.

The next day the patient still complained of a dull and heavy pain, nor had the tumor diminished in size. I ordered that compression, by means

of adhesive strips, should be made, and this was effectually done by the student of the ward, and immediate relief was obtained. From that moment the pains ceased, and the engorged testicle began to diminish in size. The patient was discharged *well*, on the 11th of the same month, without having the slightest induration of the epididymis.

Case II. John Hogan, was admitted in the Charity Hospital, with a swelling of the left testicle, which he says existed for two days previous to his admission. Had been suffering for two weeks with acute blennorrhagia (clap), for which he had taken sarsaparilla and pills, but, of course, with no relief.

When admitted into my ward, he had still a blennorrheal discharge from the urethra, and also a violent inflammation of the epididymis, which was probably the result of the extension of the urethral inflammation into the ejaculatory duct and vas deferens. When seen, he was suffering excrutiating pain. The left testis was considerably inflammed, the skin of the scrotum red and tense. The tumor was as large as the patient's fist. A few punctures with the point of a lancet were made, as in the preceding case, but to no decided advantage. Next morning the pains had not been relieved, and it was determined to make use of compression. The same results were obtained as in the last case. The swelling diminished so rapidly, that two days afterwards it was necessary to re-apply the compression. The patient was soon after able to walk about, and was discharged on the 24th of February, with the organ reduced to its natural size.

The remarkable features in these two cases, are the rapidity of the subsidence of the inflammation after the use of compression, and the absence of *induration*, which usually accompanies epididymitis.

Of the various plans of treatment that have been suggested for the cure of epididymitis, we think that none deserves more the attention of the surgeon, than *compression*. It is the surest, most prompt, and most valuable means of relief that surgery possesses against this painful affection.

In order that compression should be effectual, it should be made with strips about half an inch wide, of adhesive plaster, or *emplastrum vigo cum mercurio*, and in the following manner: The testicle being taken in the hand and drawn away from its fellow, a strip of plaster is passed round the chord, near its connection with the testicle, to prevent this from escaping from the scrotum; the scrotum will then lie closely applied to the organ; a strip is next applied in circular layers round the testicle until all but the lower part is included; this is then compressed, by shorter and narrower strips placed at right angles with the circular ones. The compression should be moderately tight.

The patient usually complains of pain for a few minutes while the surgeon is applying the straps, but this soon ceases, and he expresses himself relieved immediately of the pains which had previously existed.

The surgeon should return to see his patient a few hours after the application of compression. He will probably find that the adhesive plaster has become quite loose, from the swelling having subsided, and it then becomes necessary to apply fresh straps.

If the pain increases, or returns after its disappearance, *compression* should be immediately removed, for then it has been either ill applied, or has been employed in cases unfit for it.

By employing compression, we rapidly get rid of those chronic enlargements of the epididymis, which are too often the sequelæ of this affection. Complete obliterations of the vasa deferentia have even been observed, resulting from it.

We think that this plan of treatment, if properly pursued, will give ample satisfaction to those who may try it. That it has its difficulties and dangers, is not for one moment denied, for we know how much time and patience it requires to make a suitable pressure over the testicle, and also how useless and prejudicial it is, when badly performed. This, however, should not deter us from making use of it.

Excerpta.

Veratria in Acute Articular Rheumatism—*By Doctors Trousseau and Piedagnel.*—According to the *Union Médicale*, of Paris, Drs. Trousseau and Piedagnel, of Paris, have for some time employed veratria in the treatment of acute rheumatism. Its introduction seems to be due to Dr. Piedagnel, who states that from the observation of numerous cases, both in hospital, and private practice, he finds that rheumatism is in this way generally cured in seven or eight days. He administers the veratrin in the form of pills, each containing about one-thirteenth of a grain. Of these, one is taken on the first day, two on the second, three on the third, and so on up to the sixth day. It is rarely necessary to give seven pills. When the general and local symptoms have abated, which generally takes place on the fourth, fifth or sixth day, the dose is maintained for two or three days, at the point at which it had arrived, and is then gradually decreased daily, as the symptoms disappear. When after four, five or six days of convalescence, the cure seems perfect, the medicine is discontinued.

If during the administration of this medicine, colic, diarrhœa, or vomiting appear, the dose must be diminished.

The following is an outline of some cases treated on this plan by Dr. Trousseau, in the *Hotel Dieu:*

Case I. M***, ætat 17, had acute articular rheumatism, with endocarditis. All the joints of the upper and lower limbs were affected. Veratrin was administered, and the disease began to subside in three days. He left the hospital four weeks after admission, having remained there fifteen days after the disappearance of all symptoms, in order that the permanency of the cure might be established.

Case II. B***, ætat 37, a day laborer, had had rheumatism several times, was admitted March 12th, 1853, with acute articular rheumatism of most of the joints, the heart unaffected. He took the veratrin in the manner described until March 22d, when it was discontinued in consequence of gastro intestinal irritation. Next day, the rheumatism, which had nearly left him, began to return in several of the joints. Dr. Trousseau then ordered four pills to be taken; after this he rapidly recovered.

Two other instances are related, in which veratrin was employed, with similarly favorable results.

Epilepsy—*Compression of the Carotid and Pneumogastric.*—Doctor Albers, of Bonn, advises in order to moderate the intensity of epileptic fits, compression of the carotids, and pneumogastric nerves, by application of the thumb, and index finger on the sides of the larynx. This method has succeeded several times with him, when respiration had become difficult, the neck swollen, and the face red. Among other cases, he has made use of it in that of a man of twenty-seven years of age, who was subject to almost daily attacks, which were from a half to three-quarters of an hour's duration. After each attack, the patient remained for several hours unconscious. On compression being made for a few moments, respiration became less difficult, spasms of the limbs ceased, redness of the face disappeared, and the patient promptly recovered consciousness.

Compression of the carotid artery in convulsions, and particularly in those of an epileptic character, is a remedial agent of some sixty years standing. In 1792, the Society of Medicine of London, published a memoir, by Parry, on compression of arteries, employed as a therapeutical agent, in which this physician reports several cases of epilepsy treated in this manner with success. Other authors speak equally well of it, and it is only astonishing, being perfectly inoffensive, that it is not more employed.

Compression should be made on both carotids at once, if compression of one side do not procure the desired effect. If only one side of the body be affected, compression should be made on the carotid of the opposite side. From this momentary compression, of course, only temporary relief can be afforded.

Preston, of Calcutta, has tied the carotid artery in one case of epilepsy, and obtained complete success. He has performed the same operation several times for the same disease, but we do not know with what success.

Mr. Boileau having had occasion to tie the carotid artery of an epileptic patient for a wound, saw his patient recover from epilepsy.

We may add that compression of the carotid has been employed with success in many cases of idiopathic or even symptomatic convulsions. Mr. Stroehlin affirms that by this means he has almost always been able to cut short hysterical attacks. Compression must not be resorted to when convulsions seem to originate in an anæmic condition, or in persons affected with disease of the heart.—*From the Annales Médicales de la Flandre Occidentale.*

Medical Employment of Nickel.—Mr. Simpson has made a number of experiments upon himself and others, from which it results, that the sulphate of nickel, possesses remarkable tonic properties. Administered in doses of one half grain or one grain, three times a day, this salt has been found to act efficaciously; but given in larger doses, it occasions nausea, and even vomiting. Mr. Simpson finds

a great analogy between the action of preparations of nickel, and those of manganese and iron, and thinks that these three metals, may in many cases not only aid, but be substituted for each other, according to the circumstances of the case. It must not, however, be concluded from the foregoing, that the mode of action of these three agents, is absolutely the same, for Mr. Simpson reports the case of a lady, affected with periodical cephalalgia, which resisted a treatment with the preparations of iron and manganese, as well as quinine and other remedies, and which was cured almost immediately by sulphate of nickel. Another case in which the good effects of this salt were manifest, is reported by this physician, of a woman affected with amenorrhœa, of ten years standing, which had been rebellious to all other forms of treatment.—*Revue de Thérapeutique Medico Chirurgicale.*

Warts on the Glans Penis—*Mr. Hancock, Charing-Cross Hospital.*—We are induced briefly to allude to this case, as some surgeons still hold, in opposition to the school of which M. Ricord is the head, that warts of the penis may be of a syphilitic character, either as a primary or a secondary manifestation. This opinion is, however, far from being supported by facts, as the latter have in numerous instances proved that warts are growths as simple when they spring up about the male or female parts of generation, as when they occur upon the fingers. No doubt chancres or secondary ulceration may be *implanted* upon already existing warts, and give the latter a specific appearance; but such a complication is then a mere coincidence, which does not alter in any way the originally unspecific character of the warts. When the latter are very numerous, and they occur around the glands of a patient affected with phimosis, they may become very troublesome by the irritation and inflammation which will arise from the disproportion between the narrowed space where they grow, and their rapid multiplication and consequent bulk; but the œdema, redness, pain, and suppuration, which accompany the pressure upon the phimosed prepuce, are phenomena of an ordinary nature, and though they look rather formidable, have no relation with the syphilitic taint. Nay, hemorrhage to a very serious extent may occur, and has actually taken place, but the means dictated by the general principles of surgery are quite sufficient to stay the evil, and as an additional proof of the correctness of this assertion, we beg to adduce the following case in which the patient had never suffered from the syphilitic disease.

Edward H——, aged thirty-five years, a laborer, of very fair complexion and light hair, was admitted November 15th, 1853, under the care of Mr. Hancock. The patient has been married these fourteen years, and has five children, who are all in the enjoyment of good health. Being questioned respecting the venereal affections from which he was suspected to have suffered, he positively stated that he had never been so visited, and never perceived anything abnormal about the parts of generation until about four months before admission, when the warts began to grow. The patient has congenital phimosis, and noticed at the time just mentioned, that some tumor was developing between the glans and the prepuce in the neighborhood of the corona. The pressure from within soon caused slight pain in the prepuce, and inflammation ensued, marked with a vivid redness on its external surface near the corona glandis. The patient applied poultices: ulceration and perforation took place, and the mass of warts, which had been the exciting cause of all these symptoms, protruded through the ulcerated opening in the prepuce.

The verrucæ having thus obtained room, seemed to grow more rapidly than before; the aperture just mentioned became larger, and the warts grew to such an extent as to cover the glands almost completely, and to double its size. The extremity of the prepuce was, in the meanwhile, almost separated by ulceration from the rest of that process, abundant suppuration had set in, and the parts looked, to an unpractised eye, as if the organ had been suffering from carcinoma. Very little or no pain accompanied these changes, and after the poor man had exhausted the means advised by neighbors and friends, which means irritated the parts considerably, he applied for admission at this hospital.

On the 22nd of November, the patient was brought into the operating theatre, and when he had been rendered insensible with chloroform, Mr. Hancock began to remove, with the scissors, the enormous crop of warts which had sprung up about the part, as also the thickened and semi-detached pieces of prepuce which were giving to the organ a misshapen aspect. When the whole mass of verrucæ had been excised, the penis was surrounded with lint dipped in cold water, and the patient placed in bed. The progress has been most satisfactory since the operation, and the parts are now quite cicatrized.

Being on the subject of operations upon the penis, we would just allude for a moment to a patient of Mr. Birkett, at Guy's Hospital. The case is one of cancer of the penis, but the disease had not, at usual, involved principally the glans and anterior portions of the organ; but the prepuce had mostly suffered; it was in an enlarged, indurated, ulcerated, and half detached state, being, with a portion of the corpus spongiosum, the part principally attacked. As the urethra had escaped the destructive progress of the disease, Mr. Birkett endeavored, on Dec. 6, 1853, when the patient came into the operating theatre, to save a portion of the organ by removing the diseased mass of prepuce attached to the organ; the hemorrhage was, as well as in the case of warts, pretty considerable, but cold and pressure moderated it, and the patient has since done well. It will be interesting to learn whether the disease will break out again in the groin, or on the organ itself.—*London Lancet.*

On the Phenomena of Absorbtion which takes place at the surface of the Ducts of Salivary Glands—*By C. Bernard.*—Doctor Bernard has ascertained experimentally, that absorption is very rapid at the mucous surface of salivary ducts; the bronchial tubes only exceeding these last, in their powers of absorbtion. One grain of strichnine injected into the duct of steno of a dog, was immediately absorbed, and the animal soon thrown into convulsions.

The mucous surface of these ducts are much more powerful absorbents than the mucous membrane of the mouth, and the effects of poisons are much sooner detected when injected into them, than when applied to the latter. It is well known that the salivary glands have an elective affinity for substances circulating in the blood, and exerete these in preference to others; thus iodide of potash is always rapidly exereted, whilst the prussiate of potash is retained. It was interesting to ascertain if these same phenomena were observed over the surface of these glands; Mr. Bernard has proved that all substances were absorbed from their surfaces, and that with great rapidity.

Mr. Bernard finally endeavored to discover if absorbtion and secretion could take place simultaneously on the surfaces of the salivary glands, and he observed that as long as secretion lasted, absorbtion did not take place, and as soon as secretion ceased, absorbtion began.—*From the Gazette Médicale, of Paris.*

The following is taken from a memoir by Dr. Liégard of Caen, on *Uterine Hemorrhage*, and *After-Pains:*

It is better to prevent uterine hemorrhage when threatened, than to treat it after it has begun. The question arises, how can we foresee that this will take place after delivery; according to M. Liégard this is not difficult, at least in case of women who have borne more than one child. When, he says, uterine hemorrhage has followed previous deliveries, we may be sure that it will occur in the succeeding, and the last are always more alarming than the first. The indications under these circumstances are to administer ergot a few minutes previous to the delivery of the child; but experience has shown that this remedy is not always infallible, and that it is even completely inert in a certain number of cases. It would not be proper therefore to rely on this alone.

For the last fifteen years M. Liégard has opposed this unhappy disposition to hemorrhage, by combining with the use of ergot, previous to delivery, the injection of cold water into the umbilical vein, after delivery, and this with so much success that he now looks upon the predisposition as a circumstance which need

inspire no alarm. To the support of his practice, he brings two observations which carry conviction with them.

To avoid the occurrence of after-pains, which are so annoying for the first twenty-four hours after delivery, Mr. Liégard makes use of the same prophylactic treatment; that is, he gives the ergot just before the birth of the child, and after this, makes the injections of cold water by the umbilical vein. It was by trying his method as a prophylactic in threatened hemorrhage, that he discovered its efficacy in preventing after-pains. His explanation of his treatment is physiological. It is well known that primiparia are but little troubled with after-pains, and that these increase in intensity with each succeeding pregnancy. In primiparia the uterus having been distended but once, but little of that contractible power is lost, which decreases with each succeeding pregnancy; the organ contracts more readily on itself expelling any blood in its cavity before it has been formed into clots. The effect of the ergot and injections on those persons who have borne several children, is to place the uterus in a condition similar, to that of women who are in labor with a first child.—*Revue de Thérapeutique Médico Chirurgicale.*

On the Wounds of the Intestine—*By G. J. Guthrie, Esq., F. R. S.*—When an incised wound in the intestine is not supposed to exceed a third of an inch in length, no interference should take place; for the nature and extent of the injury cannot always be ascertained without the committal of a greater mischief than the injury itself. When the wound in the external parts has been made by an instrument not larger than one-third, or from that to half an inch in width, no attempt to probe or to meddle with the wound, for the purpose of examining the intestine, should be permitted. When the external wound has been made by a somewhat broader and longer instrument, it does not necessarily follow that the intestine should be wounded to an equal extent; unless it protrude, or the contents of the bowel be discharged through the wound, the surgeon will not be warranted in enlarging the wound in the first instance, to see what mischief has been done. It may be argued that a wound four inches long has been proved to be oftentimes as little dangerous as a wound one inch in length; yet most people would prefer having the smaller wound, unless it could be believed that the intestine was injured to a considerable extent. Few surgeons even then would like to enlarge the wound to ascertain the fact, unless some considerable bleeding, or a discharge of fecal matter, pointed out the necessity of such an operation.

If the first two or three hours have passed away, and the pain and firm but not tympanitic swelling in the belly, as well as the discharge from the wounds indicate commencement of effusion from the bowel, or an extravasion of blood, an enlargement of the opening alone can save the life of the patient. The external wound should be enlarged, the effused matter sponged up with a soft moist sponge, and the bowel or artery secured by suture. When a penetrating wound, which may have injured the intestine, has been closed by suture, and does not do well, increasing symptoms of the inflammation of the abdominal cavity being accompanied by general tenderness of that part, with a decided swelling underneath the wound, indicating effusion beneath, the best chance for life will be given by re-opening the wound. It is a point in surgery, which a surgeon should contemplate in all its bearings. The proceediug is simple, little dangerous, and under such circumstances can do no harm.

When the wounded bowel protrudes, or the external opening is sufficiently large to enable the surgeon to see or feel the injury by the introduction of his finger, there should be no difficulty as to the mode of proceeding. A puncture or cut, which is filled up by the mucous coat, so as to be apparently impervious to air, does not demand a ligature.

An opening which does not appear to be so well filled up as to prevent air and fluids from passing through it, as such wound cannot usually be less than two lines in length, it should be treated by suture. When the opening is small a tenaculum may be pushed through both the cut edges, and a small silk ligature passed around below the tenaculum, so as to include the opening in a circle, a mode of

proceeding I have adopted with success in wounds of the internal jugular vein, without impairing its continuity; or the opening may be closed by one, two, or more continuous stitches, made with a very fine needle and silk thread, cut off in both methods close to the bowel, the removal of which from the immediate vicinity of the external wound is little to be apprehended under favorable circumstances. The threads or sutures will be carried into the cavity of the bowel, as has been already stated, if the person survive; and the external part of the wounded bowel will either adhere to the abdominal peritoneum, or to one or other of the neighboring parts.

When the intestine is more largely injured, in a longitudinal or transverse direction, or is completely divided as far as, or beyond the mesentery, the continuous suture is absolutely necessary.

When the abdomen is penetrated, and considerable bleeding takes place, it is necessary to look for the wounded vessel. When the hemorrhage comes from one of the mesenteric arteries, or from the epigastric, the wound is to be enlarged until the bleeding artery is exposed, when ligatures are to be placed on its divided ends, if they both bleed. I have seen the epigastric artery tied several times with success.

A Portuguese caçador on picquet was wounded at the second seige of Badajos, in a sally made by some French cavalry. He had three or four trifling cuts on the head and shoulders, and one across the lower part of the belly, on the right side. He bled profusely, and when brought to me had lost a considerable quantity of blood, which came through a small wound made by the point of a sabre. This wound I enlarged until the wounded but undivided artery became visible; upon this two ligatures were placed, and the external wound was sewed up. The peritoneum was opened to a small extent, but the bowel did not protrude, and the patient (not being an Englishman, and not, therefore, so liable to inflammation), recovered after being sent to Elvas.

A soldier of the same regiment, cut down at the same time, died as soon as he was brought into camp, having been severely wounded in the chest and the abdomen. He was said to have died from hemorrhage, from a wound in the belly, two inches in length, made by one of the long-pointed swords of the French dragoons. I had the curiosity to enlarge the wound, and found one of the small intestines had been cut half across, another part injured, and that the blood had come from an artery which had been opened by the point of the sword in going through the mesentery, which wound had caused his death.

The recollection of these and of other nearly similar cases causes me to say that when hemorrhage takes place from within the abdomen, the wound should be enlarged; and that if an artery in the mesentery, or in any other place which can be got at, should be found bleeding, a very fine silk ligature should be placed, if possible, on each of its divided extremities, and cut off close to the knot, the external wound being afterwards accurately closed. This is a point of practice to which future attention is directed.

When a musket-ball penetrates the cavity of the belly, it may pass across in any direction, without injuring the intestines or solid viscera. It usually does injure one or the other, and it has been known to lodge without doing much mischief. The symptoms are generally indicated by the parts injured, although in all the general depression and anxiety are remarkable; their continuance marks the extent, if not the nature of the mischief.—*London Lancet.*

On Discharge of Fluid from the Nipple in non-malignant Tumors of the Breast—*By A. Richard.*—Dr. Richard observes that while in cancerous tumors, which in their growth induce atrophy of the mammary glands, no discharge from the nipple takes place, that non-malignant tumors, as partial hypertrophy of the gland, or cystic growths, are always attended with more or less discharge or oozing, the fluid being somewhat syrupy or adhesive, and at others bloody. Repeated opportunities of observation have convinced him that this is a valuable diagnostic and proguostic sign.—*Revue de Thérapeutique Médico Chirurgicale.*

Croup and Tracheotomy—*By Dr. Karl Weber.*—The ordinary mortality of croup is somewhat doubtful. On the authority of Jurine, 25 recovered out of 28; of Boudet, (who obtained his particulars from the records of the "Hospital des Enfants Malades,") only 6 out of 63; of Guersent, 20 out of 100. Dr. Weber believes these latter statistics to be the correct ones, and thinks the more favorable results to be owing to the exclusion of cases of spasmodic croup.

Dr. Weber is strongly in favor of tracheotomy, and he thinks that the results obtained by M. Trousseau are not at all over stated, which results are that 127 operations out of 222, were successful. It is to be remembered, however, that Trousseau operated without delay, and that he applied a strong solution of nitrate of silver, (10 grains to the ounce,) to the interior of the trachea, an application, the result of which, may have had an important influence upon the success of the operation.—*Henle's Zeitschrift.*

Miscellaneous.

Physico-Medical Society—*Session Feb. 25th*, 1854—*Dr. R. Bein, President.*—Dr. Fenner stated to the society that he had met with several cases of measles, particularly among negroes; many of the cases were complicated with pneumonia and pleuro pneumonia. Dr. F. mentioned having seen some cases of erysipelas and diarrhœa complicated with intermittent fever.

Dr. Hunt mentioned having seen several cases of bronchitis and pneumonia; Dr. H. reported several very interesting cases of apoplexy, among others the case of a prominent citizen, who had died suddenly, as if struck by lightning. From the symptoms presented in most of these cases, Dr. H. supposes there must have been lesions at the base of the brain.

Dr. H. called the attention of the society to the case of paralysis reported at the last meeting; the patient being under the influence of mercury. Dr. H. had followed its use with some of the preparations of iodine, little improvement had taken place, with the exception of a slight increase of power in the extremities; symptoms of gangrene had developed themselves in the extremities; and altogether, Dr. H. looked upon the case as an unfavorable one. While upon the subject of nervous affections, Dr. H. would mention an interesting case of a distinguished member of the bar of New Orleans. This gentleman complained of severe pain in the brow, accompanied with some confusion of intellect, and a difficulty in recollecting the names of particular objects; there was evidently a tendency to nervous apoplexy. The pain above the brow, with the peculiar derangement of the intellectual powers, showed a state of congestion in the anterior lobes of the brain; brought on, no doubt, and augmented by mental labor. He had advised the patient to abandon for some time any intellectual exertion. The gentleman was of very abstemious habits, and the overworking of the brain was no doubt the cause of the peculiar condition mentioned; cases of this kind were interesting, as showing the different degrees of derangement of the nervous system.

Dr. H. found it singular that so many cases of nervous affections should follow so rapidly in succession, in the practice of one physician.

Dr. Browning reported several cases of cholera occurring in his practice; also a case of concussion from a fall. Dr. B. mentioned having seen a case of trismus nascentium. Dr. Gale had found this affection most common among black children. This was also the experience of Drs. Hunt and Bein.

Dr. McGibbon reported two interesting cases of heart disease occurring at his wards at the Charity Hospital, both terminating fatally.

We intend keeping a faithful register of the Charity Hospital reports, which will make our journal a valuable reference for the history of the institution. In the present number of the journal, we can only give an account of the admissions, discharges, and deaths for the last two months. It is unfortunately not the custom, as in other institutions of this kind, for visiting physicians to inscribe upon the ticket of the patients as soon as admitted and examined, the diagnosis of the disease with which they are afflicted; it is hence, for obvious reasons, impossible to furnish a semi-monthly record of the diseases of the patients. We hope, however, that visiting surgeons and physicians of the hospital will hereafter write their diagnosis on the patient's ticket as soon as possible, thus enabling us to accomplish this *desideratum*.

Charity Hostital Reports.—January, 1854:

Admissions	1092
Discharges	772
Deaths	95

Births, 15; males 7, females 4; Stillborn, 4.

February, 1854:

Admissions	720
Discharges	648
Deaths	102

Births, 13; males 8, females 5; Stillborn, none.

We are indebted to Dr. J. C. Simonds, for the following report of the interments in the Cemeteries of New Orleans, during the month of February, 1854. With the exception of Pneumonia, Scarlet Fever, and Measles, which have been somewhat prevalent, the city is unusually healthy:

II. Cholera, 16; do. Morbus, 2; Diarrhœa, 11; do. Chronic, 2; Dysentary, 10; do. Chronic, 2; Fever Atra-bilious, 1; do. Pernicious, 1; do. Chagres, 2; do. Ship, 1; do. Typhus, 4; do. Typhoid, 12; Typhus Abdominalis, 1; Catarrh, 8; Cholera Infantum, 2; Croup, 3—78. III. Hooping Cough, 1; Measels, 2; Scarlatina, 27; Small Pox, 1—31. IV. Anemia, 1; Marasmus, 6; Teething, 12; Debility, 11; Decline, 1; Dropsy, 2; Gangrene, 1; Tumor, 1; Hectic Fever, 1; Inflammatory Fever, 1—37. V. Apoplexy, 15; Congestion of Brain, 4; Effusion on Brain, 2; Meningitis, 4; do. Cerebro-Spinal, 1; Cerebritis, 2; Cephalitis, 1; Brain Fever, 2; Headache, 2; Softening of Brain, 1; Epilepsy, 2; Cramps, 1; Spasms, 4; Convulsions, 17; Trismus, 5; Tetanus, 10; Hydrocephalus, 2; Paraplegia, 1; Catelepsy, 1; Paralysis, 1—78. VI. Bronchitis, 6; do. Chronic, 2; Pleurisy, 2; Pleuro-Pneumonia, 2; Pneumonia, 21; Lungs, Congestion of, 2; Pulmonary Apoplexy, 1; Pulmonary Disease, 2; Consumption, 61; Gangrene of Lungs, 2; Asthma, 1—102. VII. Disease of Heart, 2; Hypertrophy of the Heart, 3—5. VIII. Gastric Disease, 2; Gastritis, 2, Gastro Enteritis, 3; Enteritis, 8; do. Chronic, 3; Disease of Bowels, 1; Intestinal Hemorrhage, 1; Abdominal Phthisis, 1; Worms, 1; Ascitis, 2; Peritonitis, 3; Hepatitis Chronic, 1; Liver Complaint, 1; Liver, Congestion of, 1; Liver, Abscess of, 2—32. IX. Disease of Kidney and Bladder, 1; Fungus of Bladder, 1—2. XI. Cancer of Breast, 1; do. Womb, 1; Metritis, 1; Child-Bed, 2; Puerperal Convulsions, 1; Puerperal Fever, 1—7. XII. Rheumatism, Chronic, 1; Hip Disease, 1; Scrofula of Knee, 1—3. XV. Old Age, 4. XVI. At Birth, 2; Stillborn, 17—19. XVII. Concussion of Brain, 2; Dislocation of Neck, 1; Compound Fracture of Thigh, 1; Wound of Stomach, 1; Accidental, 4; Drowned, 4; Burns, 1—14. XVIII. Traumatic Tetanus, 1. XIX. Intemperance, 3; Delirium Tremens, 5—8. Zymotic Diseases, 109; Sporadic do., 289; External Causes, 23; not stated, 69—490. Of whom were reported as males, 274; females, 189; not stated, 27; white, 393; colored, 85; not stated, 12.

Ages—Under 5, 177; between 5 and 15, 30; between 15 and 60, 209; over 60, 25; not stated, 49.

Days of Month—February 1, 27; 2, 28; 3, 14; 4, 13; 5, 27; 6, 12; 7, 25; 8, 30; 9, 12; 10, 10; 11, 19; 12, 21; 13, 15; 14, 21; 15, 11; 16, 14; 17, 10; 18, 20; 19, 18; 20, 19; 21, 17; 22, 9; 23, 15; 24, 16; 25, 12; 26, 23; 27, 15; 28, 12; not stated, 5—Total 490.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. APRIL 1, 1854. NO. III.

In the history of mankind there is nothing more common or more remarkable than their enthusiastic support of theories which have, in the end, proved false. In the mechanic and æsthetic arts a fallacious theory is readily detected; but in medicine, and the ethical sciences, (among which we rank politics, law, and religion) which claim the highest exercise of reason, it is not astonishing that men should be deceived. So often have theories in these sciences, the least suspected, and considered infallibly correct, been shown to be utterly unfounded in truth, that many are inclined to consider each as, in its day of fashion, equally true, and all, in reality, equally false. There is truth in all these sciences; but blind faith and unlimited scepticism, both, hinder its discovery, and both are unworthy of man.

Created by the same infinitely wise Author, man as a moral and physical being is in entire harmony with the unchanging laws of nature with which he is surrounded. His love is as much a part of the great order of nature as the genial light of the sun, or the odor from the violet jewelled with dew-drops. His fierce passions are as much governed by natural laws as the falling of the cataract, or the terrible crashing of the thunder storm. And his body is as strictly subjected to laws as the earth with its changing seasons and all its varied productions. And as he discovers and obeys the moral and material laws of his nature, so is his welfare secured. Nor is it left to his imagination to conjecture what the truth may be, but he is to be guided by reason and experience: and herein consists the radical difference between a sane man and a madman.

Man is bound to believe nothing but what is approved by reason and experience — and if he do, he is criminally false to the laws of nature,

tending to his good. This test — reason and experience — is the foundation of all his belief in evidence. Guided by it, business men conduct their affairs; the wise legislator ordains laws; rules of evidence are established in courts of justice: and guided by it alone, is it that we embrace divine revelation; the unsuspected doctrine of the divine right of kings has been exploded; and the freedom of commerce is being established. So, too, in medicine, we have learned by this test that certain symptoms are produced by a certain functional derangement, and that a particular drug or course of treatment has the effect of relieving that derangement. Gradually discoveries have been made and fully proved by this test, and Medicine has risen to be not only an art, but a science, as fixed, and as generally correct as any other. Of all sciences, it is the least *conjectural* (the Supreme Court of Louisiana to the contrary notwithstanding) and the one most founded upon reason and experience,— or, in other words, COMMON SENSE.

But there are difficulties in the way of the dissemination of medical truths, not encountered in any other science. Medicine has neither bible, constitution, gamut, nor figures, with which to regulate the belief of the masses — and it is the science of all others, in which they are most credulous.

Quackery has, at all times, been the most profitable of trades; and men have always been found unprincipled and avaricious enough to follow it. The present generation, as it swallows globules of the 30th dilution of Hahnemann, or puts on its magnetic rings, turns up its nose in disgust at the relics, holy fountains, saints' bones, uroscopy, astrology, cabala, and metallic tractors of its predecessors. He of the present age, who, going to consult a somnambulist, hears of oracles, horoscopy, or the poultice of smart-weed, (*polygonum persicaria*) applied by Paracelsus to draw out malicious spirits from the bewitched, and then buried to prevent their escape, laughs at the follies of a past age. So the lunatic reproves the idiot.

We propose to examine the nature, and account for the remarkable success of quackery in medicine.

The term "Quack," as at present used, designates two classes of persons, who may be styled Negative and Positive Quacks.

The first class consists of regular physicians who make no attempts to understand and keep up with the art and science they profess. Men who remain contented with the slender stock of ideas they learned by rote to

cheat themselves to a diploma, and make the bodies of their fellow men mere objects for ignorant and vague experimentation; men who are excellent on fits but have not quite reached pneumonia; and who have the spirit of a certain physician of the middle ages, who bargained for a certain sum to cure a quartan fever, and when his limited science could reduce it only to a tertian, presented a bill for half the price. These negative quacks, like quacks in religion, have debased the noble calling they profess, to money-making; and, true to their nature, have graduated even the little stock of knowledge they possess, to a scale of dollars and cents — proportioning it out as paid for. It is not astonishing that the professional standard should be lower in new than in old countries; but it is astonishing that regular physicians, who are supposed to be gentlemen sufficiently acquainted with science to appreciate somewhat of its importance and beauties, and to be conscientious men, should contentedly remain so far below what they could easily attain; or consent to make a livelihood by being *ad libitum* pill-and-glyster-givers, and bungling butchers, instead of capable physicians and surgeons. No man can do his duty unless his heart be in it; no professional man can become great who does not love his profession, and he who does not do his duty and but half understands his profession is a quack.

But the class of quacks which we wish especially to examine is that we denominate Positive quacks. These are men who can make no pretension to understanding the science of medicine,— which we have shown to be founded on reason and experience, or common sense. Their's is a distinct trade, as distinct from the profession of medicine as is fortune-telling, or legerdemain. They profess to have some *hocus-pocus* by which some or all diseases are infallibly cured. They first work out their theory and then hunt for reasons to support it, and failing in their search, manufacture them out of whole cloth. But as a general thing, the credulous public do not ask for reasons, but look to *success* as a sufficient guarantee of correctness: and this is the argument which every charlatan has used — and not used in vain. "Look at our success," they say, "our specifics are worth as much as their drugs." The public are taken at a disadvantage by being ignorant of the truth, and by misconceiving the arguments against quackery.

Let us take for instance the system of Hahnemann. We do not pretend to assert that the homeopath kills all his patients; nor, on the other hand, do we admit that because he does not his trade is any the less reprehensi-

ble. We know (what the public reflects too little upon) that the *vis medicatrix naturæ* is the great curative agent, without which, both drugs and specifics would be of little avail. We know that the tendency of nature in both chronic and acute diseases is generally towards effecting a cure, and that her efforts are greatly assisted by medical faith and a proper regimen. If this be true, (and no one can deny it) it is no wonder that many should recover under the practice of *pure* homeopathy; for we assert that these three — the *vis medicatrix naturæ*, an admirable regimen, and the power of medical faith — constitute the whole of that system. But how, it may be asked, do we prove this assertion? Simply in this way.

Reason and experience teach every informed man that these three will generally cure without any medical means, and frequently in spite of it. Reason and experience teach every man who reflects a moment on the proposition that the $\overline{X}$, or 30th dilution, which Hahnemann recommends as "the best dose," and which contains the decillionth (1,000,000,000

The favorable result, then, of cases treated by pure homeopathy, is no argument for its infinitesimal doses. For the successful event is less of an argument in *its* favor, than in that of almost any other system of quackery of the day. Brandreth's, Morrisson's, and Parr's pills, Sand's sarsaparilla, the Water-cure, *et id genus*, may in certain cases do real benefit, for they consist of *active* remedial agents, whereas, homeopathy is entirely passive.

We say again, that the successful termination of cases in an argument which has been and is made use of by all quacks, from the inventor of the *elixir vitæ* down to Dr. Turnbull, and that it is, in the very nature of things, no criterion by which alone to judge the correctness of any medical theory.

"But," say all the quacks and their defenders, in a breath: "We do not see but that as many men die without us as with us. All men must die, whether we or you hold the scissors of the Fates, and no one dies before his time comes; so that your dispute with us is all one of words!"

To this we answer, that there are two fixed rules of nature, which constitute an infinite distance between true medicine and quackery. The first is: "Thou shalt not steal." This law, we apprehend, is systematically broken by the practitioner of pure homeopathy, who putting his trust in natural means denies it, and gulls people to employ him, by the novel use of little useless pills which he pretends are gifted with a preternatural or supernatural power. We conceive that the practitioner of homeopathy, who has little pills really composed of the most powerful articles of the *materia medica* in ample doses, and secretly has resort to them, when his pretended science of infinitesimal doses fails, lives in continual violation of this command. And, finally, we have an opinion that every other quack, from the homeopath down to the vendor of nostrums, active or passive, heralded by himself as infallible cures for all or any or a class of diseases, is guilty of infracting this law, by obtaining the lucre of his neighbor under false pretences.

The second law which constitutes a distinction between medicine and quackery, is: "Thou shalt not kill!" This is a law binding upon man both in his conduct towards himself and towards his fellows. Our Creator has wisely implanted in our nature a love of health and life. He has given us means, and reason to use those means for preserving them; and has *not* given us the right either to injure or destroy them, or to permit them to be injured or destroyed, so far as we can prevent it. We presume that the medical will leave it to the moral quacks to deny that this is the proper construction of the law, "Thou shalt not kill."

While there are few diseases which are necessarily mortal, even if left to themselves, there are few which may not become so; and none which do not, more or less, hinder a man in the performance of his duties. True medicine (differing from quackery) does not pretend to work miracles, or in any case either hinder death, or establish life beyond a certain limit which is entirely under the control of the Creator, and known only to Him. But it does pretend to this: That by the use of reason and experience (guides which man is criminal if he reject) it has discovered means appointed by God, for the preservation of life and health. Reason as well as revelation teaches us that every man is bound to use these means for himself — or he is as much a suicide as if he should fall in the river and refuse to swim or allow others to help him, and so drown. It teaches us too, that every man who undertakes to restore the health, or preserve the life of another, and makes use of means not supported by or contrary to reason and experience is a murderer. It is no justification for any suicide or murderer to say that no man dies till his time comes. All men must die, yet the instruments of their death may be very guilty in the eyes both of God and man; and their whole guilt consists in the infraction of the obligation to preserve health and life.

The objects of medicine are to fulfil our obligations to God, and to relieve the sufferings of our fellow men. Quackery obeys no obligation, is not benevolent, and is a system of theft.

We will have to examine this subject together with the cause of the success of Quackery at a future time.

Fracture of the Neck of the Femur:

With Penetration and Displacement cured by Gradual Continued Extension.

Reported by Dr. P. E. Delente.

A. B., æt. 30 years, born in Baden, the mother of two children, embarked at Havre, on the 26th Nov. 1853, on board the ship Richard Moise, for New Orleans. On the night of the 10th December, as she was about to descend into the deck-cabin with her child in her arms, a sudden and violent motion of the vessel caused her to miss the steps, and the hatchway being open, she was precipitated to the bottom of the hold with the

child. The child was only bruised, but when the woman regained her senses, she stood up for a few moments, then attempted to walk, when an acute pain was felt in the region of the left trochanter. Not being able to stand any longer, she was placed in bed, and from that time until the 17th January, the day on which she came into the Charity Hospital, in Dr. Martin's wards, the only treatment which had been pursued was frictions of alcohol and camphor over the seat of pain. The inversion of the left leg was quite perceptible, and it was nearly an inch shorter than its fellow. The hip was much less prominent than that of the opposite side. On a close examination a decided depression over the great trochanter was found, together with some shortening of the neck of the femur. Pressure being made over the anterior portion of the articulation, a fragment could be felt lodged against the anterior inferior spine of the ilium, and the other hand exerting pressure against the tuberosity of the ischium detected another fragment above the tuberosity of ischium. The superior fragment was evidently a part of the great trochanter, accounting for the depression which existed at the usual position of this prominence. The inferior fragment was from the neck of the femur at the base of the trochanter, which was thus pushed back over the superior portion of the tuberosity of the ischium. Intense pain was felt just below the lesser trochanter, which extended not only over the whole hip, but to the upper portion of the thigh; the patient feared the slightest touch, and the least motion gave rise to intense suffering. When shocks were given to the fragments of the great trochanter, they were communicated to the pelvis. It is easy to understand why crepitation could not be heard. The patient was examined frequently and with the greatest care by Dr. Martin, who having found a fracture of the neck of the femur, with penetration of the fragments, determined to attempt a cure with an extension apparatus, the one designated by the name *Potence* with a modification, it being the most simple and powerful, and the only one which affords a sufficient *point d'appui*, at a distance from the fracture. It is as follows: A large splint extends up to the axilla and made to fit under it like a crutch, and terminating eight inches beyond the feet. A transverse board forming a right angle with the splint is placed against the soles of the feet, also extending four or five inches to the right. It is pierced with holes for the linen bands to produce extension. This apparatus was applied on the 24th of January. The right leg served as a *point d'appui*, the splint being placed along its

external side and the foot-board supporting the foot. Traction was then commenced and unusual resistance was at first experienced. The next day the resistance was less, and in eight days the left foot touched the foot-board of the apparatus. It was often necessary to loosen and tighten the bands during the first fifteen days. Afterwards they were kept tight until the 26th February, when the apparatus was taken off without the least shortening of the limb. March 18th, the patient was raised from the bed without feeling any pain. She is now in a more satisfactory condition than could have been expected, considering the serious lesion which had been previously neglected for forty days.

Should this apparatus prove satisfactory in cases of fracture of the femur, as Dr. Martin thinks from having used it twice with perfect success, it is important on account of its extreme simplicity, and because it can be easily made by the most ordinary workman.

It may be well to remark that in this case there was inversion of the leg, whereas we generally observe that the leg is turned in an outward direction. Not very long ago this variety of fracture was not admitted in science. The first came under the observation of A. Paré and J. L. Petit. Boyer declares that he has never seen it. Dupuytren only witnessed it once or twice. But facts published by Messrs. Guthrie and Syme, in 1836. and by Messrs. Stanly and Mercier have left no room for doubts. Still cases of the kind are very rare.

Ligature of Brachial Artery.

By S. Choppin, M. D. *House Surgeon, Charity Hospital.*

The subject of these remarks is a strong, robust individual, twenty years of age, who was admitted in the Charity Hospital on the 25th of last February, with a wound of the right arm, which implicated the biceps muscle and brachial artery. The muscle was completely severed, and the artery divided in one half of its circumference. His condition showed much loss of blood. His arm, when exposed, was found very much engorged and tumefied. The return of venous blood was rendered impossible by a ligature which had been applied round the arm, just above the

wound, by a physician, whom he had called immediately after being stabbed. The wound was stuffed full of lint and compression applied by means of a circular bandage. Our colleague's operation was successful, that is, so far as the mere stopping of external hemorrhage was concerned. His conscience satisfied, he left the patient in that state. A slight oozing of blood, which saturated the dressings, continued the whole night.

The patient finding himself getting weaker, resolved to enter the Charity Hospital the next morning. There being no external hemorrhage of any consequence, the student of the ward was ordered to dress the wound. Upon removing the ligature round the arm, and the lint from the wound a gush of blood followed which alarmed him. I was immediately sent for, and when I arrived I found the patient bleeding profusely, and *per saltem*. A wound of the brachial artery was evident. The stream was as large as a quill. The patient being placed in a bed, I proceeded at once to the deligation of the artery. An incision three inches long was made along the coraco-brachialis muscle. The integument and superficial fascia being divided, the cellular and adipose tissues beneath were greatly infiltrated with blood. The tissues were divided layer by layer, until the artery was reached, which was found imbedded in a mass of coagulated blood. The vessel being carefully isolated from the median and internal cutaneous nerves, a ligature was placed around it just below the insertion of the latissimus dorsi muscle. The violent hemorrhage was immediately stopped. A slight oozing continued from the wound, caused by a division of a muscular branch given off higher up than the ligature. Tortion was made with a pair of forceps at the orifice of the bleeding vessel, and the hemorrhage stopped.

The patient was exceedingly feeble, his pulse very quick and small. According to his account he had lost a *bucket* of blood previous to his admission. Upon being removed to his bed, he fell into a state of syncope, which was not a little alarming. His head being placed in a depending position, and stimulants administered, he recovered. Pulsation in the radial and ulnar arteries was extinct. The temperature of the limb fell considerably.

The whole arm was enveloped in a sack of warm sand, and an opiate together with stimulants was administered. The patient complained of great numbness in the hand and pain along the arm. The hot sand was continued during the night. The next morning he still suffered pain in his

arm, extending upwards. The temperature of the limb had risen, showing that collateral circulation was established. On the evening of the 26th, that is thirty-six hours after the operation, he was seized with convulsions, recurring at short intervals, and having all the appearance of tetanic spasms. Frictions, with the tincture of belladonna were made along his neck and face, and a mixture composed of morphine, hyoscyamus and valerian was ordered to be taken during the night. Light was excluded from the bed, and the patient allowed to remain very quiet. The spasms ceased during the night, and the patient slept. The next day he was better, though nervous and delirious, a state owing, undoubtedly, to the anæmic condition of his system. That nervousness gradually disappeared under the use of stimulants and nutritious diet. On the morning of the 28th, that is three days after the deligation of the artery, a distinct pulsation was felt at the wrist in the radial artery. Weak, it is true, but evident. No pulsation in the ulnar. The bags of sand were then removed as there were evidences of arterial circulation having returned in its wonted copiousness. The wound and incision showed no disposition to unite by first intention. An erysipelatous inflammation arose, which caused sloughing, and the primary and secondary wounds were soon blended into one. The sloughing ceased by the use of stimulating applications, and the wound assumed a healthy aspect. The patient's general condition improved daily, until his final discharge, which occurred on the 20th of March.

The ligature came away on the twelfth day after the operation. No secondary hemorrhage following.

This case is remarkable for the rapid establishment of the collateral circulation, showing the vast resources of nature; for the rapid disappearance of tetanic symptoms by narcotics and absolute quietude; and is also an excellent illustration of the vast superiority of the deligation of an artery, as a hemostatic over compression and other means, too often resorted to by practitioners having no claims to a knowledge of surgery, but who, prompted by cupidity, are still willing to practice it.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hopital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. III.

Necessary conditions of the parts to be contaminated. Virulent pus will produce a chancre wherever it may be placed, provided there be an abrasion of the epidermis or epithelium. The virus will have no effect when placed on tissues protected by a good epidermis or epithelium. Hunter, however, was too exclusive in that idea, for though contagious pus can remain for a certain length of time on a healthy skin, without effect, it often happens that it irritates and excoriates it, as any other secretion would, and then a specific inoculation follows. We, every day, have opportunities of witnesssng such inoculations in uncleanly persons affected with chancre.

Place all the tissues of the body in a condition for inoculation, and let them be penetrated by a pure *virulent pus*, and I will positively assert, that you will neither find privileged idiosyncrasies, as believed by some, nor invulnerable tissues or regions. If the *frænum præputii*, or the internal surface of the prepuce, be oftenest the seat of chancres, it is because these regions are most exposed during sexual intercourse, and are more apt to be torn or eroded. In the female the same rule holds good for the predominance of chancres on the fourchette, or *caruncule myrtiformes.*

Are there any persons not susceptible of chancre? Were we to depend upon the opinion of some authors as well as some men of the world, there exists certain privileged beings not susceptible of syphilis. It is a fact, founded on experience, that *some few persons* pass through life without contracting chancres, though they have exposed themselves to the contagion. I, myself, have seen many a prostitute who had gone all through her career, and had never contracted a chancre. But such persons do not present the accessory conditions we have mentioned in a preceding lecture; that is, an abrasion of the epidermis or epithelium; or the virus not remaining long enough on the epidermis or epithelium to destroy it and act on the cellular tissue below. Besides, the use of astringent lotions by prostitutes, after sexual intercourse, so hardens and tans the tissues of their external organs of generation, that they do not often present the necessary conditions for inoculation.

As for myself, I cannot admit of such privileged individuals, notwithstanding the contrary assertions of other physicians, and until they shall have presented one individual that will prove refractory to inoculation from specific pus placed under the epithelium or epidermis, I will continue to advocate my present opinion, based upon over a million inoculations with the same invariable result.

Incubation. Many writers on syphilis admit of a period of incubation, but their opinions are based upon false observations. Far from believing, then, in the existence of incubation, I consider that as soon as the morbid poison comes in contact with the cellular tissue, the evolution begins, and the following changes are observed: the inoculated point becomes red; then slightly swollen; at the expiration of twenty-four hours it assumes a *papular* appearance; the epidermis is soon elevated by a serous fluid and traces of a vesicle become apparent; the liquid contained in the vesicle soon becomes turbid, and presents the appearance of pus; the red areola forms around it, and on the fourth or fifth day you have a perfect *pustule*, with a depression in the centre, which has a strong resemblance to the small pox pustule. If the pustule is allowed to go on, by the sixth or seventh day it wrinkles, and a crust soon appears, which dries up and falls off, leaving a circular ulcer, seated on a slightly œdematous base, and appearing as if made with a punch; its depth is generally equal to that of the skin; its edges are well defined, and if viewed with a magnifying-glass, will be found dentated and covered with a whitish pulpy substance or false membrane, which adheres very firmly. The bottom of the ulcer is always covered with a similar secretion. All these different phenomena take place without any interruption.

In practice, however, cases very often happen which seemingly contradict this statement. But the exception is only apparent. We hear, every day, patients stating that a chancre has existed for a week, and yet they have not exposed themselves to contagion for a month previously. On closer examination, it is always found, that through inadvertance or other causes, the patient never examined the affected part until pain or other symptoms called his attention to the chancre. You often meet with patients affected with buboes, who assert by all that is sacred, that they never had a primary sore on their penis, and yet upon uncovering the gland, you will observe sores, probably, that have never been noticed.

And again, the virus may insinuate itself into a sebaceous follicle, and only produce a chancre when it has destroyed the epithelium.

Chancre has no premonitory symptoms. An itching sensation preceding it, is not constant, but accompanies other diseases, and especially herpetic and eczematous eruptions, so common to the genital organs, and so often the causes of great errors of diagnosis. If an itching sensation does appear, it always accompanies it, but does not precede it.

Chancre does not always begin in the same manner. If virulent pus is deposited under the epidermis or epithelium, a pustule is the result; if it penetrates in the cellular tissue, in a lymphatic vessel, or in a ganglion, it creates an inflammation, and an abscess is formed; but if, as it generally happens, the virulent matter has been deposited on a denuded surface, a specific ulceration follows. However, whatever may be its form in beginning, and whatever be its seat, chancre presents in its development variations which we must know, in order not to expose ourselves to error. We will therefore divide chancres into regular and irregular. The first are those whose development is not at all interfered with by complications, either local or general. The second are those which are subject to modifications, depending upon causes foreign to the virus.

Chancre is the condition *sine qua non*, of syphilis.

To whatever variety chancres may belong, they all must have two different periods, which may be called: first, "period of *progress*, or of *specific statu quo*;" second, "period of *reparation*." The first period dates from the moment the cause has acted, and lasts as long as the ulceration, which may progress, or remain in *statu quo*, furnishes inoculable pus; whilst the second period commences as soon as the sore ceases to furnish inoculable pus, and inclines to cicatrisation.

Seat of Chancres. Hunter, believing in the identity of syphilis and blennorrhagia, was of opinion that chancre was a venereal manifestation of the skin, while blennorrhagia was the same manifestation belonging to mucous surfaces. In this he was widely mistaken. All the tissues of the body are equally susceptible to chancre. The parts oftenest affected are the glans penis, the corona glandis, the frænum, prepuce, scrotum, and urethra in the male, and the fourchette, the nymphæ, the labia majora, the urethra, and more rarely the vagina in the female; chancres of the the lips, tongue, cheeks, and isthmus of the fauces, may be met with in both sexes, and are as common in the male as in the female. The anus in its different regions, when unnatural connections have taken place, may be the seat of chancres. Chancres in the anus are much oftener found in the female than in the male.

Case of Vesico-Vaginal Fistula.

Operated on with success, by Dr. E. Martin, Visiting Surgeon, Charity Hospital.

Reported by Mr. J. T. Moreau, *Resident Student.*

Divine Ternet, a native of France, has resided in New Orleans for the past four or five years. On the 15th of October, after a painful and tedious labor, which lasted three days, she was delivered of a dead child; she was attended during her confinement only by an old negro woman. The morning succeeding her delivery she perceived that there was a flow of urine per vaginam, this induced her to enter the Charity Hospital, where she was admitted six days after her delivery; she only remained three days, and having undergone no treatment, she left without having derived any benefit. She returned home, where she was visited successively by several physicians, one of whom after a careful examination, pronounced the case one of prolapsus uteri, and introduced a pessary which he ordered should remain undisturbed; this came away one month after its introduction, when finding that no relief had been obtained, the patient did not re-introduce it. She left New Orleans soon after for Mobile, where having consulted a physician for intermittent fever, with which she was at the time affected, she was correctly, and for the first time informed, of the nature of her malady, and told that an operation would be necessary to effect a cure. She returned soon after to New Orleans, determined to enter the Charity Hospital, in which institution she was admitted on the 10th of October, and was placed in Ward No. 34½, under the charge of Dr. E. Martin.

She was visited by this gentleman the morning after her admittance, and he pronounced upon the nature of her affection, ordered her a purgative, and prepared every thing for an operation for the next day.

On the 12th of October, the patient having been brought into the operating theatre of the hospital, an attempt was made to place her properly under the influence of chloroform; but this, although but a small quantity was used, was found to produce such violent, and dangerous symptoms of syncope that its use was suspended, and it was determined to operate without it. The operation was performed in the following manner:

The patient was placed upon her back, on a table provided with a mat-

trass, and her legs fixed at right angles with her thighs which were kept separated by two assistants. Upon the introduction of three valves, of a speculum, two of which pressed laterally, the third inferiorly, the fistula was brought into view. This was situated in the centre of an elevation, of a darker color than the surrounding parts, and corresponded to the situation of the trigone vessicale of the bladder; its diameter was about two lines and a half. With a straight bistoury Dr. Martin made a semi-circular incision in the vesico-vaginal septum, which commenced at the posterior portion of the fistula, immediately below the elevation surrounding it, and was directed backwards on each side in such a manner as to form a curve of about ninety degrees; this incision was nine lines in length by about one line and a half in depth; next by the aid of a pair of forceps the operator raised up a flap from the vesico-vaginal septum, which flap corresponded with the incision already inscribed; this part of the operation lasted twenty minutes, the state of the patient being such as to require several intervals of repose. The second part of the operation consisted in forming an anterior flap in the same manner, and of the same form as the last, with the exception that the convex portion instead of being directed backwards was directed in front. To effect this, the patient was placed on her abdomen, the legs extended and separated, and the pelvis approached to the edge of the table; this portion of the operation was more difficult than the last, on account of the extreme weakness of the patient, and the extravasation of blood into the vagina caused by the division of a small arterial branch.

The second flap being formed, twenty minutes repose was allowed the patient, which time was employed in stopping the hemorrhage; this being effected, Dr. Martin next proceeded to unite the flaps. To do this, the branches of the speculum were again introduced, the convex edges of the flaps approximated and united by interrupted sutures. The operation being terminated, the patient was sent back to her bed, and absolute diet with rest and emolient drinks ordered. A silver catheter was introduced into the urethra and permitted to remain for ten days, being only removed occasionally for the purpose of cleaning. For the first four days succeeding the operation, the patient continued to pass a small quantity of urine by the fistula; this soon ceased entirely, and the opening remained closed until the 1st of November, when, from an effort caused by scrubbing in the ward, the dribbling re-commenced. It became necessary again to

freshen the borders of the fistula with the scalpel, and to re-apply the sutures; absolute rest was then enjoined, and the patient began to improve again, until the 1st of February, when being about to leave the hospital, she was imprudent enough to take too much exercise, which brought on once more a slight oozing from the fistula; this was soon checked by the daily application of nitrate of silver, and the patient left the hospital finally cured on the 10th of March, 1854.

Excerpta.

Asthma and its Treatment—*By Prof. Trousseau.*—Asthma, according to M. Trousseau, is a chronic nervous affection attacking in a particular manner the respiratory organs, and from its nature essentially periodical and intermittent. It is not upon the aged, but upon the adult, that it should be studied, in order to find out its characters. It is between the ages of 20 and 40 that true asthmas are found. Later in life the orthopnœa, which continues to increase in old persons, is owing in a great number of cases, to organic lesions, which should not be confounded with asthma.

The influence of localities upon the manifestation of asthma is great, and of the highest importance in a therapeutical point of view. In fact we see persons who have their attacks only in certain localities, and what is singular, the result of a change of place is almost always contrary to that which theory would suppose. It often happens that asthma is advantageously modified by hygienic conditions in appearance the most unfavorable.

A young man from St. Omer, had violent attacks of asthma. He was sent to a commercial house in London, and passed two years there, performing the most arduous labor, in the centre of a populous quarter which was damp and foggy, yet during these two years, he never had an attack of asthma. At Paris he enjoyed the same immunity, but the moment he returned to Versailles or St. Omer, his native village, he had the asthma, and in order to be relieved of it, he had to return instantly to Paris.

The best place for asthmatics cannot be told beforehand. Experience only can solve this problem, and generally it is better to leave the patient to his own instincts.

One thing necessary to remark in the etiology of asthma, is that the greater number of individuals thus afflicted, are of parents of a gouty or gravelly diathesis. Asthma very frequently, alternates with gout or gravel.

As to the relations between asthma and pulmonary emphysema, contrary to the opinion of M. Louis, who only sees in asthma the expression of pulmonary emphysema, M. Trousseau says that emphysema is frequently the consequence of asthma, but never the cause of it; and what proves it is, that asthmatics whose attacks are rare and who never have catarrhs, are not emphysematous. It is the cough, and dyspnœa which brings about emphysema, but dyspnœa should not be confounded with asthma.

The treatment of asthma comprises the treatment of the attack; the prophy-

lactic treatment; that of the diathesis; and finally, the treatment of complications when any exist.

The attack is ordinarily treated in the most efficacious manner by certain poisonous substances, particularly by the solanæ, by hyosciamus, stramonium, tobacco, mandragora, belladonna, etc. Often all that is necessary in order to calm an attack, is to surround the patient by an atmosphere of the smoke of stramonium, made by throwing the leaves of this plant on burning coals. Great advantage can also be obtained from the use of cigars made as follows: Dried leaves of Datura, ℥ss., dried leaves of sage, ℥ij. Mix and make twenty cigars, or fill a pipe with these mingled leaves. In individuals who have not acquired the habit of smoking tobacco, it will sometimes act like stramonium.

The use of nitre or saltpetre paper, in asthma, has been recommended by M. Letteneur, a breton physician who tried it upon himself with success. To prepare it: put in a glass of water, half an ounce of nitre, if all the salt is not dissolved, you conclude the water is saturated. In this you dip the paper, afterwards drying it, and rolling it into the form of a cigar. When lighted it will burn like tinder, and the smoke arising is inhaled.

This very simple means, the mode of action of which it would be difficult to explain, has succeeded in many individuals. M. Trousseau knows intimately a family, where three members have attacks of asthma nearly at the same time. These three persons have used the saltpetre paper; since then their attacks have been less frequent, and when they appear, it is only necessary for them to use this remedy to find almost instant relief.

In order to prevent, by prophylactic treatment the return of the attacks, it is necessary to consider that asthma is often gouty, or depending on gravel, and regard it as a diathesis.

The two great means which M. Trousseau uses not for curing, but for lessening the frequency of the attacks, are the alcaline medicaments and the alcaline regimen, with the solanæ. The patient should take a pill containing a quarter of a grain of the extract of belladonna every night for a week, two during the second week, three during the second fortnight, four during the second month, and finally increasing the dose every second month, until one to two grains of belladonna are taken each night. This should be continued for five or six months continually, then pass over a month, returning to its use during four months, then dropping it for two months, and so on, till it is taken every alternate three months. During a fortnight, at the same time, the patient takes from 15 to 30 grs. of the bicarbonate of soda at each meal; at first for ten days each month, then during the same time every two months, then every three months, etc. His regimen should be composed as much as possible of vegetables, which will give neutral or alcaline urine.

Finally, if asthma be complicated with chronic catarrh, the balsam of tolu or Peru in large doses should be given during a fortnight, at first every month, then every two, three and four months, increasing progressively the intervals of repose, in the same manner as one acts upon the heart by digitatis, and after the same method which is adopted when a lesion of that organ is ascertained.

Upon the Engorgement of the Lymphatic Glands of the Arm, as a Means of Diagnosis in the Secondary Symptoms of Syphilis. — In the diagnosis of constitutional syphilis, we are satisfied with examining the glands of the groin, and those of the occipito-cervical region, and still, according to M. Sigmund, of Vienna, these glands are not the only ones which are attacked by the disease, but often all the glandular system is affected, or at least many of the glands accessible to the sight and touch; especially the lingual and maxillary glands, those of the axilla, and of the arm, those of the leg, and the popliteal space, and frequently the small gland of the acromio clavicular ligament. In the secondary symptoms of syphilis, these glands are isolated, enlarged and engorged; they rarely surpass the size of a nut, and are, as in scrofula, smooth, moveable, and are sensible only when they are forcibly pressed upon. The lym-

hatic vessels are at times equally diseased, and in the vicinity of the ganglions, they can be felt, like cords of the size of a quill.

According to M. Sigmund, the examination of the lymphatic glands situated between the biceps and the triceps muscles, above the internal condyle of the humerus, is an easy, and comparatively certain means of diagnosis in secondary syphilis. The glands of the neck and of the groin are often swollen and engorged after different diseases, without there being any syphilitic taint. In a state of health, the glands of the arm cannot be felt, but in secondary syphilis they commence to become engorged towards the fifth or sixth week after the infection, rarely sooner. At first the gland presents a tumour about the size of a grain of hemp-seed, quite hard, moveable in all directions, and gradually increasing in such a manner that the patient's attention is not attracted by it. After a while, the tumour becomes larger and harder; in some patients, a second but rarely a third gland is affected in the same manner. The author has seen, in two cases, a row of engorged glands extending from the internal condyle of the arm to the arm-pit. As soon as the gland has acquired the size of a nut, it remains stationary. It does not produce any pathological symptoms in the surrounding cellular tissue, but persons affected with them, sometimes complain of sharp shooting pains in the engorged glands and surrounding muscles.

The engorgement of the affected glands disappear rapidly in young persons of a good constitution, who have followed a rational treatment. In cachectic individuals, or in scrofulous persons, or those who have been frequently affected with intermittent fevers, the glands often remain engorged for years. These glands rarely soften and form abscesses.

The author pretends that upon examining with attention the entire body of the patient, the engorgement of the lymphatic glands, in the case of constitutional syphilis are easily distinguished from the modifications which the glandular system undergoes from scrofula, tubercules, from the acute and chronic exanthemata which are not of a syphilitic nature; and in general forms all the diseases which may occur to the peripheric lymphatic system, especially the glandular system of the skin and cellular tissue. These non-syphilitic affections are more easily recognised in the region of the arm than in the occipito-cervical region, or in the nasal, bucal or pharyngeal cavities, where the glandular enlargements may be easily confounded with the true symptoms of constitutional syphilis. —*Revue Méd. Chirug.*

Diagnosis of Urinary Calculi by the Touch, and on Litholiby—*By Doctor Denamiel, of Paris.*—In a note recently addressed to the Academy of Sciences of Paris, Dr. Denamiel recommends a new way of diagnosing and destroying stone in the bladder. He introduces one or two fingers into the rectum, and satisfies himself of the presence of the foreign body through the intervening coats of the bladder and bowel, either by the simple touch or by the superadded test of *ballotment*. In cases where he cannot reach the stone by this means, he introduces the urethral sound, and endeavors to bring the stone to the finger, by proper movements of the instrument.

Doctor Denamiel further says, that in the majority of instances, he is able to crush the stone between his fingers, or between his fingers and the urethral sound; and that in the remaining minority he is able to succeed, after having made the stone friable by the previous injection into the bladder of an alkaline solution. This process of crushing he calls litholiby.

Statistics of Longevity.—1751 persons were taken, all of whom had attained an hundred years, and were all living at the same time. In one year they had diminished to 1587, in the second year to 1442, in the third to 1280, in the fourth to 1126 and so on till, out of the original 1751, only 143 reached the age of 120; 44 survived to 130, 12 to 140! and one old gentleman actually resisted the effects of time and weather, till he had completed his one hundred and fiftieth year! —*New Quarterly Review.*

During the discussion upon Chloroform, before the French Academy of Medecine, M. Debout, who followed M. Larrey, made the following remarks relative "to the influence of anæsthetic agents upon mortality following operations":

"If it is proved that the introduction of these agent has diminished the mortality to a great degree, does not this result compensate for the few dangers to which the practice of inhalations exposes the patients."

Some statistics drawn up by M. Burguière, shows that since the introduction of these inhalations into the hospitals of Paris, the mortality for amputations, for example, was as 2:5; while previously it was as 3:5.

Prof. Roux, has also established by a similar table, that the mortality at Hôtel Dieu, which was one-third after large operation, had been only one-fourth since the use of chloroform.

Prof. Buisson, in an analogous work, inserted in his "Traité de la méthode anæsthétique," shows the happy effects resulting from the removal of pain.

But no statistical work shows better, the immense progress surgery has made since the American discovery, than that published by Prof. Simpson, of Edinburgh In order to prove this, Prof. Simpson requested thirty of the most distinguished surgeons of England, to communicate to him; first, the results of their surgical practice, for the few years immediately preceeding the discovery of etherisation; and then, the results of operations which they have performed since the introduction of anæsthetic inhalations.

The following are the results of this inquiry:

Amputations considered generally, before the discovery of etherisation, furnished for the last few years, a considerable mortality of 1 : 3.37, or 29 per cent.

The amputation of the thigh gave:

Primitive, 1 : 1.62, or 61 per cent.
Secondary, 1 : 3.40, or 17 per cent. } 1 : 2.65, or 37 per cent.

Amputation of the leg:

Primitive, 1 : 3.08, or 32 per cent.
Secondary, 1 : 5.87, or 17 per cent. } 1 : 3.39, or 22 per cent.

Amputation of the arm:

Primitive, 1 : 4.53, or 22 per cent.
Secondary, 1 : 4.20, or 23 per cent. } 1 : 4.77, or 22 per cent.

The introduction of anæsthetic agents has modified these results; in fact, among 312 amputations, which M. Simpson has collected, there were only 71 deaths, (1 : 4.53, or 22 per cent); and each amputation gave, viz:

Amputation of the thigh:

Primitive, 1 : 2, or 50 per cent.
Secondary, 1 : 4.84, or 30 per cent. } 1 : 3.92, or 25 per cent.

Amputation of the leg:

Primitive, 1 : 3.55, or 28 per cent.
Secondary, 1 : 6.23, or 16 per cent. } 1 : 5.13, or 19 per cent.

Amputation of the arm:

Primitive, 1 : 4.25, or 23 per cent.
Secondary, 1 : 3.37, or 29 per cent. } 1 : 3.66, or 27 per cent.

Thus, the introduction of anæsthetic agents in surgery, have not changed the principal conditions of the operations, since the amputation of the thigh remain more serious than those of the arm, and the primitive amputations are always more dangerous than the secondary. But there are two general results important to notice: First, that the cipher of mortality has been materially diminished for all amputation in general, and for each amputation in particular; and then, that the difference which existed between the primitive and secondary amputations before the discovery of etherisation, has been considerably reduced by the employment of anæsthetic inhalations.

These results are certainly very remarkable, and very important for surgical therapeutics, and acquire more importance when we compare them with the results obtained a few years ago, from particular amputations, especially those of the thigh. In the Parisian hospitals, 62 per cent. of amputation of the thigh were lost;

in the hospitals of Edinburgh, 42 per cent; in the Glasgow hospital, 36 per cent. Thanks to etherisation, this has been reduced to 25 per cent, a gain of at least eleven patients saved by this new discovery; a result which no longer leaves any doubt upon this point, that the anæsthetic agents, while they relieve the patients from pain, they at the same time diminish the chances of disease and death.—*Bulletin de l'Académie.*

Tracheotomy in Laryngismus.—Dr. Marshall Hall communicates to the Academy of Medicine, Paris, the results of his experiments made with the acetate of strichnine upon dogs.

The effects of the strichnine may show themselves in two forms: the first and mildest presents a much augmented excitability of the diastaltic spinal system, with light paroxysms of short durations, spasms of the limbs, and panting respiration.

The second presents a more exalted excitability, with paroxysms of prolonged, general, tetanic convulsions; laryngismus, or contraction of the glottis; expiratory efforts of the most violent character; apoplexy and asphyxia.

If in the first case, or in the milder manifestations, the animal be caressed, respiration becomes calm, and remains so for several minutes; if on the contrary, it be annoyed by sudden noises or shocks; if his muzzle or skin be blown upon, tetanic or epileptic paroxysms are the result—paroxysms which it is impossible to witness without being convinced that if often repeated they must be mortal. It is demonstrated by facts that if the dog be kept from all excitation, he recovers entirely from the first degree of strychnism. The most grave form does not yield so easily. Every slight emotion or irritation produces the paroxysms of laryngismus, or dyspnœa, apoplexy and asphyxia already described; but these paroxysms seem to renew themselves, from inevitable causes, such as the movements of respiration, of deglutition, etc. Tracheotomy is then the only means of preventing laryngismus and its effects: apoplexy, asphyxia, death.

Applying these results to practice, Dr. M. Hall, concludes that tracheotomy should be resorted to in every case where those afflicted with epilepsy, or any other disease, experience laryngismus, and effects dangerous to life, or mind.

However, a nice diagnosis should be made, and the operation not performed unnecessarily. It is not for the epilepsy but against effects of epileptic laryngismus, that tracheotomy should be thought of. And lastly, if tracheotomy be performed, it should be made effectually with a large opening.

Mercurial Stomatitis: Ptyalism.—Mr. Colomies, Assistant Surgeon to the Syphilitic Hospital of Toulouse, addresses a note on the employment of sulphite of soda in the treatment of this affection. From the observations which he has made, the author thinks he may conclude:

1st, That the sulphite of soda cures mercurial ptyalism.

2d, That the use of this salt will permit the continuance of the use of mercury, notwithstanding the existence of commencing ptyalism.

3d, That the sulphite associated with mercury, does not interfere with the action of this last in the treatment of syphilis.

4th, That in a case of diptheritic phagedænic chancre, mercury united with this sulphite had been manifestly useful. For confirmed ptyalism, it may be given as follows: One ounce of the sulphite of soda in a pint of water, of which a half a teacupful may be taken morning and night.

As a prophylactic, he gives the half of this quantity.—*Transactions of the Academy of Medicine, Paris.*

Medical Statistics of France.—Of a population of 35,781,628, France, divided into 86 departments, 352 arrondissements, 2847 cantons, and 36,835 communes, possesses 11,217 doctors, 7221 licensed practitioners, 5175 apothecaries, 1177 hospitals, and 103,857 hospital beds.

This gives one doctor or licensed practitioner, to 1940 inhabitants; one apothecary to 6914; one hospital to 30,400; and one hospital bed to 344.—*Revue Médico Chirurgicale de Paris.*

Miscellaneous.

Physico-Medical Society—*Session, March 18th*, 1854, *Dr. Bein, President.*—Dr. Fenner remarked, that he still found pneumonia and measels prevalent; particularly among the slave population; most of the cases coming under his observation, had yielded readily to treatment. Dr. F. reported a case of cholera morbus, supervening upon great irregularity of life; in this case the symptoms had gradually become very grave, the secretion of both bile and urine had almost entirely ceased, there had apparently been some hemorrhagic action of the stomach, the contents after vomiting, presenting the appearance of black vomit; the patient labored also under great nervous irritability amounting to delirium. From the extreme prostration in this case, Dr. F. had used supporting treatment, at the same time endeavoring to restore the secretions; under this treatment, the patient had gradually recovered.

Dr. Hunt had met with a number of cases of catarrh, particularly among children, so many indeed that he was inclined to attribute its prevalence to some atmospheric cause, Dr. H. would remark in regard to pneumonia which had been so prevalent during the winter, that among the cases coming under his observation both in hospital and private practice, inflammatory action had not run very high; there had been fewer complications, and for the number of cases, the mortality had been very small.

Dr. H. would with some pleasure, again call the attention of the Society to the case of Paralysis, commented upon at the last meeting of the Society; this case had improved very much since the last session, it was interesting as another evidence how signally, a practice called Homeopathy, failed in those graver maladies which flesh was heir to; the patient had been some time under this form of treatment, when Dr. H. was called to see him; his chances of recovery, if Dr. H. might be allowed the expression, were becoming somewhat like the remedies prescribed by this class of persons "small by degrees and beautifully less."

By the application of that improved treatment which modern science had brought to bear upon this class of diseases, the patient was in a fair way to recover. By strict attention both to diet and the proper administration of remedies, the patient had so far recovered as to be able to walk.

Dr. Bein mentioned having met with a good deal of scarlet fever. Dr. B. had been much pleased with the action of phosphate of ammonia, in some cases of acute articular rheumatism which had come under his treatment.

In this connection, Dr. Clapp would call the attention of the Society to two cases of acute articular rheumatism occurring in his wards at the Charity Hospital. Both of these cases had been treated with nitrate of potassa, as recommended by Martin Solon, of Hôtel Dieu Paris; used freely as a drink in large doses; both cases recovered rapidly.

State Medical Society.—Since our last issue, the State Medical Society has held its annual meeting in this city. By referring to the record of its minutes in our pages, our readers will find, that the business of the society has been without much interest. The limits of our journal will not permit us to publish the reports of the several committees; though the reports were fewer than should have been presented at such a meeting. We believe the committees were not in fault, for this; but that the members of the society, and the profession generally throughout the State, must bear the opprobrium. The committees sent out their circulars requesting information upon points of practice and other subjects, but these circulars were neglected, so that the committees could not report, or were able to do so, only as far as their individual experience extended.

This should not be so. Our brethren in distant parts of the State, should respond to these calls. If they cannot be present at the annual meeting, they should a

least favor those who can, by giving them the results of their observations during the year. It is desirable, however, that the whole State should be represented at these meetings; that every parish should have its delegate; otherwise, the society becomes a local affair, and diminishes to a city society with only one annual meeting. Unless other portions of the State, than the city be represented, the objects and advantages of a State Society are not obtained. The epidemic of last summer requires a more complete history than has or can be given of it, unless every section in which it appeared, has its historian. The collective evidence thus obtained would enable us to investigate the subject more completely, and would furnish us with data, from which we could arrive more definitely at conclusions upon points which are now mooted ones in the profession. It should be too, a matter of State pride, to send out to the world, a well-digested and ably-drawn up report of the epidemics which so frequently scourge us. The interest of our profession requires it; science demands it; and if we do not answer to these demands, we fall short of the duties of our calling, and are negligent of the high trust we have assumed in entering the ranks of our profession.

The efforts of individuals taken singly, are of little avail; but when united in observations made over a vast extent of country, they then become powerful for good. There must however be a simultaneousness of action, and a unity of purpose, for without this their efforts might be wrongly directed, and the results become useless.

Under the direction however, of a State Society, all objections of this kind could be removed, and a directness given to the researches made throughout the State.

These remarks do not only apply to the epidemic yellow fever, but to all epidemics which may appear in the State. Nor need the observations be confined to epidemics. The appearance and character of sporadic diseases might be noted; the statistics of season, temperature, weather, etc., carefully collected, and by comparing them with those of other States, a vast amount of statistical information would be obtained. The State Society is capable of performing this, and more, if the members of the profession throughout the State would respond to its call.

We most earnestly appeal then, in behalf of the honor of the State, in behalf of the honor of our professiou, to all and every one, of the country and of the city, to do all that can be done to remove this opprobrium of negligence and indifference. We would earnestly request all to answer the circulars of the committees, and we would respectfully invite our country brethren to come up and rival us in our efforts to sustain the honor of our State, and the dignity and usefulness of our noble profession.

There is one point, in relation to the qualifications of membership of this society, upon which we wish to give our opinion. We do not believe that the influence of the society becomes extended by its increase of members, or that the value of its discussions is enhanced by a formidable list of names. How many of these attend its sittings; how many know that the society has actually held its session, elected its officers, and adjourned? If there was some difficulty in obtaining admittance to this society, if the qualifications for admission were of such a character, that it would require some exertion upon the part of the candidate, then the meetings of the society would be better attended, and the results of the session would be worthy a record, and deserving a wide circulation.

The few who have attended the sittings of the past session, were highly entertained by the reports of the Sanitary Commission appointed by the city government. They addressed not only the profession, but most essentially the interests of the whole community, and the opinions and sentiments advanced in these reports, when issuing from such a body, should carry great weight to the city and State authorities. But we doubt whether any additional influence is added by the endorsement of the State Medical Society. We fear the little interest taken in the proceedings of the society, by those who are already members, interferes with its influence. Yet we do not believe this can be increased by enlarging the limits of its membership. On the contrary, we cheerfully subscribe to the doctrine enunciated by Dr. Axson, that its requisites for membership should be more stringent,

its limits restricted, its fellowship sought for, not thrust upon any one; then will it become an honor to be a fellow of the State Society, and its diploma be esteemed a mark of professional advancement.

Abstract from the Records of the State Medical Society.—The Fifth Annual Session of the Louisiana State Medical Society, was held on the 13th of March, 1854, at the Medical College, in this city. The Convention was opened by the President, Dr. Fenner, in a very appropriate and eloquent address.

Dr. Copes, Chairman of the Committee on General Therapeutics, read a very interesting paper on this subject.

Dr. McKelvy, Chairman of the Committee on Practical Medicine, read a very able paper in regard to this department.

Upon Anatomy, Surgery and Surgical Anatomy, Dr. Crawcour, the Chairman, presented a very able paper.

By request of the Society, Dr. Riddell read a very interesting report on the Sewerage of the city, prepared by the Sanitory Commission, of which he is a member.

From Physicians at a distance, interesting papers were received and read.

The following gentlemen were elected members of the Society: Dr. Hire, Dr. Palmer, Dr. Gale, Dr. Alpuenté, Dr. Douglas, Dr. Natili, Dr. Lee, Dr. Chaillé, Dr. Zenhender, Dr. Dabbs, Dr. Beard, Dr. Choppin, Dr. Romer, Dr. Buffington.

Dr. Axon having declined the office of President of the Society, for the ensuing year, the following officers were elected, and the Convention adjourned to meet in this city, on the first Monday in February, 1855.:

Dr. E. H. Barton.....	President.....	New Orleans.
Dr. R. Bein.....	Vice President.....	" "
Dr. N. B. Benedict.....	" "	" "
Dr. E. R. Brownell.....	" "	Rapides, La.
Dr. G. T. Browning.....	Corresponding Secretary...	New Orleans.
Dr. Macgibbon.....	Recording " ...	" "
Dr. J. D. Foster.....	Treasurer.....	" "

Charity Hospital.—We intend, hereafter, under this head, besides the usual reports from the books of the institution, to furnish in each number of the Journal a summary of what has taken place in the Charity Hospital. The most interesting cases which have entered the surgical wards; the operations which have been performed, and as near as possible an account of the most prevalent diseases. We subjoin a notice of the principal cases of interest now in the surgical wards.

There have been in the last fifteen days, the following operations performed: one amputation of the thigh, one of the leg, and one extirpation of the testicle. The patient, on whom the amputation of the thigh was performed, is a little girl, 11 years old, of delicate constitution. Three months previous she had fallen while at play, and bruised her knee; some mild local applications were made, and no more thought of it, until, a few weeks after when a swelling of the upper portion of the leg was observed, attended with pain. She was brought to the Hospital soon after, where she staid some time, the symptoms increasing in intensity. The relations of the child became dissatisfied, and removed her home for treatment; no good resulting from this, she was brought back. The swelling of the upper portion of the leg had increased enormously, being fully fourteen inches in circumference, Fungus Hæmatodes was diagnosed. An examination of the limb after amputation proved the correctness of the diagnosis. The amputation of the leg was for caries of tibia and destruction of cartilages of the ankle joint produced by an ulcer, dependant on syphilitic diathesis. The extirpation of the testicle, was for Hæmatocele of very long standing, resulting from a kick. There was great thickening of the tunica vaginalis testis. These cases are all progressing favorably. Reduction of strangulated oblique inguinial hernia, of forty-eight hours standing, was effected by the application to the tumor of a freezing mixture of ice and salt, enveloped in an oil skin bag, a full dose of morphine, and the taxis. This last in connection with the warm bath, tartar emetic, and copious injections of cold water had previously failed.

There are at present in the surgical wards, four cases of fracture of the thigh,

two of which have been treated with Boyer's splint, and two with a modification of Liston's splint, much used in the Charity Hospital. This consists in the addition of a short foot board pierced with holes for the passage of straps, and placed at right angles with the ordinary splint. These cases are doing well.

One case of fracture of radius, and one of fracture of fibula, treated as is usual and getting well. Two cases of compound fracture of tibia and fibula; the first of these was complicated with delirium tremens. The patient's foot had become fastened in a crevice in a wharf, at the same time that he fell over the side; he hung by the broken leg until extricated. In this case there was evidently rupture of the anterior tibial artery, and consequent extravasation of blood into the tissues. The limb was much swollen, and dark colored, and gangrene was threatened. Compression was made over the femoral artery by means of a tourniquet to arrest the hemorrhage, external as well as internal; the limb placed in a fracture box, and the delirium treated. In consequence of this last symptom, and the restlessness of the patient, it was impossible to keep the limb quiet, and amputation was almost resolved upon. This was happily deferred, and the patient now is in a fair way to get well with two good legs. The second had phlegmonous erysipelas of a dangerous character; but treated by free incisions and nourishing diet, is doing well, and will probably recover.

One compound fracture of the fibula, complicated also with diffused inflammation of the subcutaneous cellular tissue, treated in the same way; the patient is now nearly well.

One case of fracture of the base of the skull, caused by the falling of a heavy weight on the head. This patient, besides being completely paralysed, is almost blind, in consequence of ulcerative inflammation of both corneæ resulting most probably from some lesion of the fifth pair of nerves. The patient has been in the wards since January.

One case of simple fracture of inferior maxilary bone, caused by the kick of a mule.

Two cases of white swelling, one of which was seen first in the suppurative stage; these were treated by the application of the actual cautery to the knee at intervals of three or four days. Both are well; one has quite a free use of the leg, the other will in all probability soon regain it.

One case of coxalgia, treated in the same way, promises well.

One case of wound of the posterior and upper portion of the left lung, produced by a stab from a small knife. Some inflammation of the plura and lung took place, manifested by a slight rubbing sound, and crepitant rouchus, there has been no effusion, and the patient is doing well.

In the medical wards of the hospital, there are many cases of intermittent fever; this, with diarrhea, seems mostly to prevail. The deaths from cholera, of which there have been quite a number, will be seen in the report.

Health of the City.—In the last fifteen days, measels and whooping cough have been remarkably prevalent, particularly among negroes, and many cases of the former disease have terminated fatally in the slave depots of the city.

Cases of diarrhea have also been numerous, and more difficult to arrest than is usual. In several slave depots cholera has made its appearance, and with its usual fatal symptoms. From the reports of the Charity Hospital, which we subjoin, it will be seen that quite a number of deaths from this disease has occurred; unfortunately the cases are usually presented for treatment when fatal colapsus has taken place. Pulmonary affections, such as pneumonia, bronchitis, and catarrh have also been very numerous; their prevaleuce is probably owing to a singularly changeable condition of the weather, which, together with a damp state of the atmosphere has lately prevailed.

Charity Hospital Report.—From March 15th to March 28th, inclusive:

Admissions	334
Discharges	305
Deaths	51

Of the deaths, fifteen were of Cholera.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. APRIL 15, 1854. NO. IV.

"Ne sutor ultra crepidam."

The aptness of the quotation will be recognized by every physician and by many laymen who may chance to read an editorial in the last number of a popular Magazine, on "the sacredness of the human body." There is probably no periodical published in the United States, which has a larger circulation than the one in question, or one whose opinions are supported with more ability and talent. When this is considered, together with the fact that the article has invaded the domain of medicine, it may not be inappropriate to make a few remarks upon it, and place in a proper light a practice which was the first to elevate medicine above the level of a miserably conjectural science, and place it in the rank it now occupies.

We can respect the religious feelings of the writer of the article alluded to; we in fact agree perfectly with him in many things — that the sanctity of the grave should not be violated; that the views, feelings, and associations of the living should not be rudely shocked by its desecration. But that the dissections and investigations of the anatomical student are characterized by brutality and indecency we most strenuously deny, and maintain that these examinations and studies are conducted with propriety and without invading any of the rules of decency, without violating any of the feelings of humanity, and without demoralization.

In regard to the last charge against the propriety of dissections, the author's views are strikingly incorrect. What man possessed of a mind at all well regulated can seriously investigate the mechanism of the last, most perfect of the works of the Creator, without being impressed by the evidences of his wisdom, power, and goodness, in the complete adaptation of every atom to the proper fulfillment of its functions.

Galen, in explaining the mysteries of man's body, was inspired with the feeling that he was composing a hymn to the Deity; and Paley, in his unequalled work on Natural Theology, founded his principal arguments on the revelations of the anatomist.

The Earl of Bridgewater devoted a large sum of money to the noble purpose of producing a series of scientific essays to prove by an investigation of nature the evidences of the existence of God. The work of an anatomist, Sir Charles Bell on the Hand, was, perhaps, the most perfect of all the treaties produced, and that which tended most to the object desired. How could this have been effected had the prejudice against dissection and anatomical investigation prevailed, with which the writer of this popular article seems to be so deeply imbued?

The anatomist violates no feeling of humanity. The writer admits that anatomists procure most of their material from among the poor, (meaning, of course, those who die in hospitals,) and then tells us that the poor have even more sensitiveness than the rich. We will not dispute this statement, but simply remark that those who die in hospitals are, by far the greater number, the wretched abandoned beings who have no friends, no relations; the use of whose bodies does violence to the feelings of no one. In well regulated hospitals the dead are never touched until the friends are notified. If the body be claimed, it is buried; if it be not, who is outraged by its devotion to the purposes of learning?

The tenor of the whole article seems to intimate that anatomy cannot be studied without grave-robbing; that every stroke of the scalpel must necessarily wound some of the finest attributes of our moral nature; that physicians and students of medicine who would be anatomists, must, as a *sine qua non* become demoralized. It is by such uncalled for efforts as these, made by ignorant laymen who are too careless to investigate facts, that popular feeling is excited and outrages at times committed, which are little in accordance with the seemingly pious views of the writer.

The necessity for dissecting the human body may, according to our author, be obviated by the use of finely executed models in wax, plates, manikins, etc. The impropriety of the interference of a person with a subject concerning which he is not informed, is most strikingly illustrated by such an opinion as this. Anatomy can only be studied at the point of the scalpel; this is a fact which all reflecting men must allow. The form, consistance, relations, and functions of the parts of the body, can only be

learned by the touch, aided by the other faculties. The novice must learn the use of the knife, and before he can hope to become an anotomist, he should be familiar with the texture, color and size of every part and organ of the system. A mere acquaintance with the names of parts does not constitute a knowledge of anatomy, although, unfortunately for humanity, there are many schools in this country, the resources of which are such as to permit of an acquirement, by their alumni, of but little else.

There exists no doubt in our minds that if the gentleman who wrote the article in question were bleeding to death from a wound, or had a dislocation of the hip joint, or desired to be cut for stone, he would let the question of the propriety of dissection remain at rest for a time, and choose, in preference to one who had learned our art from plates and wax, a surgeon who had freely inhaled the air of a dissecting room.

But little advancement was ever made in medicine until a knowledge of anatomy was obtained; and until dissection of the human body was permitted, medicine was a vague, indefinite mass, so mixed with crude and incorrect ideas, that it rather served to retard than advance the welfare of humanity. The legalization of human dissection is now looked upon by all who are favorable to the advancement of science, as having been the first step of transition, from the superstition and ignorance of the ancient and middle ages, to the rational enlightenment of the present era.

Anatomy has always been, since it was properly studied, the basis of almost every discovery which has tended to advance the physician in a knowledge of the means to alleviate human ailments. There are yet discoveries to be made in anatomy, and they will be made, if the perseverance of investigators be not interrupted by such pseudo sentimentalists as our author.

The tendency of the article in question is to excite popular feeling to the reënactment of statutes prohibiting dissection, thus placing the medical man in the very unpleasant situation of being liable to a criminal prosecution, if, from a want of anatomical knowledge, he should be guilty of mal practice, or of incurring the penalties of the body snatcher, if he attempt to avail himself of the only means in his power to acquire that knowledge which a proper fulfillment of his trust requires.

In conclusion, we desire no concealment in medicine. Let the world know how we study anatomy, but let us deprecate the habit of interference on the part of laymen, in a matter which their prejudices render them

incapable of viewing, in a manner consistent with the enlightenment of the age. Such writings as our author's can only serve to excite and misdirect popular feeling, and lead, perhaps, to the perpetration of practices infinitely more dangerous to public and individual welfare than those it may be desired to correct.

Two Cases of Scrofulous White Swelling:

CURED BY THE ACTUAL CAUTERY.

Reported by S. Choppin, M. D.

E. S., a German, aged 21 years, with light hair, sallow complexion, and other evidences of a decidedly scrofulous diathesis, entered one of the medical wards of the Charity Hospital, on the 19th December, 1853. He then complained of severe pain in the region of the sternum, which he attributed to having strained himself in lifting a heavy weight. An abscess soon formed, produced by caries of the sternum, and suppuration followed. While in the ward, the patient was attacked with severe pain in the knee; this gradually increased, and the slightest movement was almost impossible. The knee joint became swollen, tense, and painful on pressure, but not red. These symptoms were treated with blisters and cod liver oil, and afterwards by the local application of tincture of iodine. This was continued for a month, when, finding no relief resulting, the physician attending had him transferred to a surgical ward.

He entered my ward on the 19th of January last, presenting the following symptoms: His pale, sallow complexion evinced an impoverished state of blood; his general health seemed to have suffered very much. He was troubled with copious night sweats, and evinced general symptoms of scrofulous cachexia. Two large cicatrices were seen over the region of the sternum, the former seat of the abscess spoken of above. The patient's decubitus was on his back, with the affected leg resting on its external border, and slightly flexed. The knee was much enlarged, measuring nineteen inches in circumference, the integument œdematous, the swelling elastic to the touch, giving to the hand the sensation of a contained fluid. The rigidity of the joint was almost complete. The patient was placed on

a nourishing diet, and cod liver oil ordered him. As blisters had failed, it was determined to make use of a more powerful counter-irritant, and the actual cautery was chosen. On the 9th of February, the patient having been placed under the influence of chloroform, with an edged cautery iron heated to a white heat, a dozen or more parallel linear cauterizations were made circumscribing the joint. This form of cauterization is, perhaps, preferable to the broad, continuous eschar, being equally as effective, and leaving less formidable cicatrices. The entire true skin was implicated in this operation. Cold applications were made to the burnt surfaces. The effects of the counter irritant were so happy, that on the 12th, the cauterization was repeated. On this occasion, local anæsthesia was resorted to, and effected by the application to the knee of a freezing mixture, composed of equal parts of pounded ice and salt. Perfect insensibility to pain was produced, and the patient witnessed the burning of his flesh with much indifference. The knee, soon after the second application of the cautery, began to mend, diminishing in size, the integuments becoming less doughy, and the patella more evident. A third application of the cautery was made on the 16th; the symptoms gradually disappearing, and the health improving. Five more applications were made at regular intervals, and on the 6th of March, the patient ventured to walk. Flexion of the leg was of course difficult at first, but soon became easy. By the 20th, the patient's condition was so satisfactory, that he was able to leave the hospital and renew his occupations.

Case II. — Michael Walsh, aged 20, of a lymphatic temperament, was admitted in one of the medical wards of the Charity Hospital on the 19th day of December, 1853. About one week previous to his admission, he was attacked with a numbness, succeeded by a dull pain in the right knee, for which he could assign no cause. Cups and poultices were applied to the affected knee, but with no relief. The symptoms increasing, he entered the Charity Hospital, where he was treated with iodide of potassium internally, and blisters and issues locally. This treatment was continued one month, and experiencing no relief, he was transfered to a surgical ward. The patient's general health was bad; he had hectic fever; the scrofulous cachexia was strongly marked; he had never suffered pain in any other joint but the one affected, which presented the following symptoms: The diseased joint had acquired a vast magnitude; the integuments retained their natural color, and appeared unaffected. He complained of great

pain on moving the limb; also when pressure was made around the articulations with the finger, or when the patella was moved. This pain, no matter how excited, he referred to the anterior border of the tibia. There was a certain degree of emaciation of the limb, both above and below the disease. The local misehief and constitutional disturbance were such as to convince me that the disease had already reached its second stage, and that ulceration of the cartilages, and caries of the bones had taken place.

The patient was put on the use of cod liver oil, (from two to three ounces daily,) a generous diet; and the actual cautery applied, as in the former case. Eight different applications with the heated iron were made at intervals of two, to five, days—local insensibility being always produced by freezing mixtures. The patient's general condition and local symptoms began improving, and he was discharged six weeks after the commencement of the treatment. He was able to bear his weight on the affected leg. Flexion of the leg upon the thigh, though difficult, was still sufficient for all purposes of walking.

The correctness of the diagnosis in the above cases cannot be doubted; for in them we see all the symptoms of scrofulous white swelling. The slowness of the progress, a deep-seated pain in the joint always preceding the swelling, and invariably referred to a particular point—the head of the tibia; the swelling of the articulation without the skin being at all altered in color, besides the most valuable of all symptoms, the decided strumous cachexia which both patients present.

The above two cases are excellent illustrations of the superiority of the actual cautery, combined with a constitutional treatment, over less effectual counter irritants, such as blisters, issues, in a disease which too often baffles all human skill and judgment, and frequently necessitates the unhappy patient to submit to an amputation, as the only chance of preserving life.

It is not easy to understand how actual cautery should have become lately so much neglected, unless it be from the not unnatural disinclination which most people may have towards so deliberate and undisguised an application of fire to sensitive portions of the living frame. But such objections no longer hold good, when we have in our hands the power of producing either complete or local anæsthesia by the use of chloroform or the application of freezing mixtures.

The heated iron was no inappropriate badge of the dark days of our art, and it might well lead to boding despondency, in most of us, to find its indiscriminate and frequent use threatening to return. Still, on the other hand, let us not shrink from its employment—cruel and barbarous though it seem—in those cases which we know, by ample experience, to benefit more from that than from any other application. We should be very unwilling to depart in any way from the axiom "*ad extremos morbos, extrema remedia.*" We should act up to, and yet not exceed this rule.

During an advancing destruction of texture in the bones of joints, more especially if deeply seated, all other means of counter-irritation should, in the first instance, give place to the actual cautery, which stands highest in the list of counter-irritants. Speedy arrest of such action is our anxious desire, ere the change shall have proved irreparable; and we are culpable, if we do not at once employ that remedy which we know to be most available to the important end.

Pouteau, Percy, Dupuytren, Larrey, Roux, Delpech and Maunoir, are all advocates of the practice; and the latter gentleman, when he was in England, took the opportunity of reminding British surgeons of their error in totally abandoning, as they now do, the employment of the actual cautery against white swelling.

Observations upon Wounds of Arteries:

By Warren Stone, M. D., *Professor of Surgery, University of La.*

The chief danger in wounds is hemorrhage—either primary or secondary—and whether we treat the wounded vessel by ligature or compression, the safety of the patient depends very much upon the manner of dressing. When a ligature is applied to an artery a coagulum forms in the vessel, on the proximal side, as far back as the first considerable collateral branch, the ulcerative process separates the strangulated portion from the sound tissue, and it is said that lymph is effused from the inner coats and blocks up or closes the vessel; but my observations go to show that the latter process does not occur. The ligature converges the vessel to a point and lymph is thrown out around the ligature, on each side, so that when the ligature comes away the mouth is held in its closed position, and the

clot within prevents hemorrhage until granulations fill up the space occupied by the ligature and closes the mouth of the vessel permanently. If this effusion of lymph does not take place around the vessel it readily opens and the clot is forced out by the impulse of the heart's action. One evidence in proof of what I assert, from direct observation: that the vessel does not close from the effusion of lymph within, is the frequent instances of hemorrhage after the ligature has come away, from the *distal* extremity, where no coagulum is formed. I believe a coagulum never forms on the distal side. I tied the carotid artery, the ligature came away on the fifteenth day, the wound was filled with healthy granulations, all but the fistulous opening, or sinus, left by the ligature, and no pulsation was felt in the artery. Two or three days after, during a fit of coughing, hemorrhage took place, but the blood flowed in nearly a steady stream; it came from the distal extremity, and a dossil of lint, confined by adhesive plaster, served to control it until granulations filled up the sinus. I had an opportunity, nearly a year afterwards, of dissecting this subject, and found the upper portion of the artery pervious, though much contracted. There is no reason why adhesive inflammation should take place on the inner coat of the artery on one side of the ligature and not on the other, only a line or so removed. I could cite other instances of hemorrhage from the distal extremity where the anastomosis was free—in cases where the healing process was carried on kindly.

When the mouth of a vessel is compressed, instead of tied, it is closed, though not converged to a point as when a ligature is applied; the coagulum forms in the same manner, and, provided the compression is properly made, lymph will be thrown out not only around the mouth of the vessel, but, there being no ligature in the way, at the mouth, and if there is no blood in the way it will close at once. It too often happens, however, that instead of making efficient pressure at once to the mouth of the vessel so as to completely command the hemorrhage, the physician is satisfied to bind up the wound so as to prevent the external flow, and the blood continues to escape until all the space is filled and can receive no more, when it coagulates up to the mouth, and in the vessel as in the other cases; but the mouth is open, and when the coagulum in the wound dissolves and ceases to support the clot within the vessel, it is forced out and bleeding follows. There can be no doubt but that the proper way to treat wounded arteries is to tie them, but I feel confident that if pressure could be exactly regulated, it would be equally safe in moderate sized vessels. When a wounded artery is treated with the ligature, when it comes away or when the pe-

riod for its separation approaches, the patient should be guarded against any movement that may increase the pressure from within, and if the adhesive inflammation has not been efficient as much pressure or support should be given as the parts will bear, without interrupting the healing process.

If compression is relied upon, it should be made immediately upon the mouth of the vessel, and sufficiently strong to completely command the hemorrhage and kept up until the coagulum forms in the vessel, which will require a few hours. The pressure should then be slackened, for it is impossible for lymph to be effused under strong pressure. Sufficient support, however, can be made to prevent the expulsion of the clot from the vessel, without interrupting the curative process, and the skill in treating hemorrhage by compression is shown in adapting the pressure to the wants of the case and the ability of the tissues to bear it without interrupting the healing process.

My attention was drawn to the fact that secondary hemorrhage occurred in wounds of the scalp more frequently than anywhere else, and careful inquiry into the cause satisfied me that it was owing to the facility for making pressure. Strong pressure may be borne over deep and yielding parts, for absorption will soon relieve the tissues; but in firm, unyielding parts, much pressure prevents the effusion of lymph, even when it does not cause sloughing. These vessels do much better by being left to nature, or rather, if firm pressure is made, until the bleeding is arrested and then left, although a little gentle support would make the case more secure. Every one has observed that when there is much coagulated blood in a wound secondary hemorrhage is more likely to occur than when the wound is clean and clear of clots. This does not arise so much from the offensive character of the clot as from the fact that when hemorrhage has been stopped by the formation of a clot in the wound, the mouth of the vessel remains open; whereas, when it is arrested by a sufficiently continued pressure, it is collapsed or pressed together, and the effusion of lymph tends to keep it so. Bleeding can be arrested even from arteries of large size by pressing lint down upon the bleeding vessel, so as to form a cone, with the apex resting directly upon the bleeding orifice; but it must be accurately applied; there must be no blood in the way; the cone must press upon and close the vessel, and when the bleeding is arrested the pressure must be relieved, leaving just support enough to maintain the clot in the vessel, and in seventy-two, or even forty-eight hours, in healthy subjects, it will be secured by the effusion of lymph. A patient was admitted into my infirm-

ary in 1849, with a large tumor upon the side of his neck. Several months previous to this he was stabbed in the neck, and lost a large amount of blood; the wound being narrow the bleeding was arrested, but this tumor formed gradually. Upon examination, I had no doubt but it contained coagulated blood, but there was no pulsation and no aneurismal sound; two or three examinations were made, and being satisfied that the integuments would soon give way under the pressure, and believing that it was fed by some of the minor cervical arteries I determined to lay it open and secure the vessel, whatever it might be. On opening the sack partially, and forcing out a portion of clot, a sudden and copious gush of arterial blood took place; the wound was promptly enlarged; the coagulum scooped out, and the finger thrust to the bottom, when it was found that the vertebral artery was divided. A long narrow strip of lint was prepared and as the finger was slipped aside one end of this lint was thrust down between the vertebral processes upon the bleeding vessel, folded and pressed down, layer after layer, until the wound was filled by a cone, with the apex resting upon the vessel; pressure was kept up for a few hours and then it was left with no more pressure than was afforded by adhesive plaster, and after a few days it was left without support, to be pushed up by the granulations. This case recovered without interruption. I would not advise to have arteries of this magnitude left to compression when a ligature can be applied; but this case left no alternative, and it shows how efficient compression is when properly applied. This mode is applicable to the minor arteries when they cannot be seized and tied without enlarging the wound.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hopital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. IV.

A regular chancre, affecting the skin or a mucous membrane, consists in an ulceration, not very extensive in surface, which generally comprises the whole thickness of the integuments. Its form is usually circular or oval but susceptible of many variations. When the ulcer is situated on tissues that are not homogeneous, as, for instance, when one part of it is placed on

the prepuce and the other on the corona glandis, its form is altered; or chancres may be linear, as in those situated at the margin of the rectum; and again, several chancres running into each other may modify the round form. The shape of a sore cannot then be regarded as a diagnostic mark of syphilis.

The base of a chancre is not always the seat of a thickening or engorgement, as the observations of Hunter, and especially of Dr. Babington, would lead one to suppose. The great majority of chancres do not present this induration.

The duration of a chancre in its period of progress or of specific *statu quo* cannot be rigorously determined, though it generally lasts from two to four weeks. The period of reparation or cicatrization is announced by a disappearance of the areola, by the edges being less everted, and the whole ulcer, base and circumference, assuming a healthy aspect, and red granulations are seen shooting up. A regular or simple chancre, which is usually only a local symptom, can pass through these different stages, and heal without the intervention of art. It would be wrong to suppose that secondary symptoms only follow chancres which have existed a long time. Experience proves that they result from chancres which have healed in a few days without treatment; and, on the other hand, it has been observed that chancres have existed eighteen months, and two years, without producing these consequences.

A rational diagnosis may often be founded on the appearance, situation, history and cause of a sore, but let it be borne in mind, that such a diagnosis can only be conjectural. The only absolute sign serving in the differential diagnosis of a chancre, is the possibility of reproducing it by inoculating its secretion. Artificial inoculations should not too frequently be resorted to for the mere purpose of verifying a diagnosis, but at times this becomes absolutely necessary. For instance, when the urethra discharges a small quantity of thin sanious secretion, or if the surgeon has other reasons to suspect an urethral chancre, inoculation is not only justifiable, but absolutely necessary, provided the surgeon wishes to treat the patient properly.

In many medico-legal inquiries, inoculation should always be practised before giving an opinion on the nature of the sore.

In all cases of suspicion, or in cases where nasty-looking sores occur in unusal places, we should have no hesitation in inoculating.

When the surgeon has gained all the information he may desire by artificial inoculation, he can always destroy the ulcer by cauterization on the fourth or fifth day, and no bad effects will ever follow. We should always recollect, that in testing a sore, such test is only of value when, if it be a chancre, this is in its period of progress or of specific *statu quo.*

Prognosis.—In the definition of chancre, we have stated that at its commencement it is a local disease, and that it gives rise, under circumstances that will be fully detailed hereafter, to symptoms of general infection.

The prognosis of chancre, as a local disease, is favorable; for, begining as a pustule, abscess, or excoriation, it becomes an ulcer; granulations are produced, cicatrization follows, and it generally heals without treatment, in a space of time which varies between three and five weeks.

The mere existence of a simple chancre does not necessarily cause buboes. The situation of the chancre exercises the greatest influence on their formation. This fact of situation of the chancre and occurrence of the bubo may be reasonably explained by the connections that lymphatic vessels have with the chancres. When buboes follow chancres in the male, these last are most always situated on the frenum or the inferior portion of the gland. When they occur in the female, the chancre will most probably be found at or around the meatus.

The treatment of a chancre alters the prognosis as far as the constitutional infection is concerned, for a chancre destroyed in the first five days of its existence never gives rise to secondary syphilis.

The second variety of chancre which we called irregular, (modified by causes foreign to the virus,) consist of three classes: 1st. The gangrenous chancre by excess of inflammation. 2d. The serpiginous or phagedænic chancre. 3d. The indurated chancre.

I. *Gangrenous Chancre.*—Under certain circumstances, chancres are attended with accute inflammation, which may terminate in gangrene. This variety is met with in persons who undergo great fatigue; in those who are addicted to abuses of alcoholic liquors; in aged persons with broken down constitutions; in those who live badly. It is also frequently observed in warm climates. This character is assumed not by virtue of any specific action of the virus, but from the state of the system. Unless early and proper treatment is resorted to, this form readily goes on, produces gangrene and a great loss of parts.

One peculiarity in this form of chancre is, that the specific action of the virus is usually destroyed, particularly when gangrene occurs early; and although it may give rise to severe destruction of the organs affected, yet bubocs rarely occur, and constitutional infection need not be dreaded.

One of the most common causes of gangrenous chancres in men is the existence of narrow prepuce. The secretion of a chancre thus confined, causes inflammation, additional chancres ensue, the loose cellular tissue of the prepuce becomes œdematous, and an erysipelatous state succeeds, which often terminates in gangrene.

II. *The Serpiginous or Phagedœnic Chancre.*—This variety comprises the worst form of phagedæna. The serpiginous chancre is a superficial creeping sore. It does not burrow or extend in depth, but it will travel over a large surface. Here there is no disintegration of tissues or breaking up of the parts, as we noticed in gangrenous chancre. The base of the sore is firm; there is little œdema, but no induration. The surface of the ulcer is covered with an adherent, tough, greyish, false membrane, which has all the appearances of an eschar. Granulations are present, but they are unhealthy, and covered by this same secretion. Its obstinacy is the most prominent feature; it creeps on quietly, and is not amenable to ordinary treatment. Though at times remaining circular, it is liable to assume all sorts of shapes, from its tendency to progress on one side, while it heals on the other. In this variety, the process of cicatrization is different from that noticed in other chancres. It is always in the centre of the sores that this phenomenon begins, whilst the ulcer may extend from its circumference. The cicatrix, when once formed, is generally respected by this ulcerative process. This variety of chancre is very irritable, and is always accompanied with severe pain and much suppuration. Their duration cannot be positively determined. They may last for months, years. I have seen one which lasted seven years, and still furnished inoculable pus.

No form of sore is so difficult to cure as this, but, fortunately for the surgeon, it is not so common as the other varieties. The prognosis relative to the occurrence of secondary symptoms is very favorable. Rarely do we see secondary symptoms follow as sequelæ of this form of ulceration, however obstinate it may have been. As soon as the ulceration has healed, no subsequent ill effects are to be dreaded.

Excerpta.

Chloroform administered in Delirium Tremens.—The preparations of opium should always hold the first rank in the treatment of *delirium tremens*. Yet, as they do not always succeed, it should be remembered that there are other agents which may be substituted for them. One of these is tartar emetic, alone or combined with opium. Another seems to be chloroform, if we may draw an inference from two cases published by Dr. Pratt in the American Journal of Sciences. We will not give a detailed account of these cases, both of which seemed to be of great intensity. Besides, they had resisted opium given in large doses, tartar emetic, and such stimulants as these and tincture of valerian. The symptoms yielded to chloroform given in tablespoonfull doses every hour. After taking two doses the patients slept for some hours and were perfectly calm and reasonable when they awoke. Both patients were soon well and had no relapse.—*Bulletin General de Thérapeutique Medico Chirurgicale.*

Of the use of the Voice in Treatment of the Chronic Affections of the Larynx.—It has been for a long while and is yet a generally admitted principle that an organ inflamed or altered, no matter in what manner, whether in its texture or in its functions, ought to be kept at rest. This principle is much too absolute, and bears with it numerous exceptions; or to speak with more precision, by the side of this principle of rest, which has its motives, its indications, but within limits much more circumscribed than is generally assigned to it, there is another principle which should also be recognized, on account of its important practical and physiological considerations; we refer to the benefit which is derived from exercising an organ under certain conditions which remains to be determined. The tact and particularly the experience of the physician should guide him in distinguishing those cases which require the application of one or the other of these precepts, which seem, at first sight, contradictory. Surgeons of the present day are much less rigid than formerly in their instructions to keep the limb quiet in articular lesions; and moderate motion of the limb has been found to be very useful either to prevent anchylosis, or to assist in bringing back its lost functions. The advantage of treating ulcers of the leg, which consists in dressing them with strips of adhesive plaster, thus permitting the patient to walk about, is well known. Examples of the kind, which might be multiplied, suggested to M. Trousseau a modification in the treatment of certain affections of the larynx. Heretofore, absolute rest was considered most useful in diseases of the larynx in all stages. M. Trousseau strenuously opposes this notion. The reasons and facts which he brings forward to prove the fallacy of a precept which has been so universally admitted are too interesting to pass unnoticed.

M. Trousseau makes his patients with larengitis speak, but in a certain way; a regular gymnastic course of using the voice. It is this particular gymnastic exercise of the voice, this *modus facienda*, which it is important to know, and more especially to appreciate the results.

When one speaks in a low tone of voice, says M. Trousseau, it is surprising what fatigue is experienced. A great number of eclesiastics who had tested their voices in the exercise of their vocation, informed him that the duties of the confessional were much more painful than preaching to a large congregation. When he wishes to exercise the voice, he therefore recommends his patients to speak in a loud tone of voice, and not in a low tone or in whispers. For four or five months at least, they should read in a loud voice five or six times a day, taking care that at each

inspiration the lungs are filled with air. Thus they are made to take several deep inspirations and to emit several sounds successively, articulating clearly, and to avoid the nasal tones. If after six months the voice has false notes and remains husky the patient is submitted to a particular exercise. The patient is made to cry out loudly by the following artifice: He is to take in his lungs as much air as they will contain, then he should, in the shortest possible time, utter a short and loud sound, exhausting at once all the air. This vocal exercise, which seems at first strange, is, according to M. Trousseau, the best way to remedy aphonia. In the last few years he has thus succeeded in curing a great number of cases; but he observes that these persons had scarcely any disease of the larynx when he commenced the treatment. The aphonia was owing to prolonged rest of the vocal organ.—*Bulletin General de Thérapeutique Medico Chirurgicale.*

Uterine Neuralgia *Cured by the Actual Cautery applied to the Internal Walls of the Uterus.*—Every one is now well aware of the good effects of cauterization of the neck of the uterus with the hot iron in certain affections of this organ. The first efforts to do this might have been considered rash. But experience has amply proved its efficacy and perfect safety. Encouraged by these results, M. Jobert was bold enough to introduce the hot iron within the cavity of the uterus, to cure a severe case of uterine neuralgia, which nothing had been able to relieve; and this fortunate daring has been crowned with success. The case is too interesting not to be reported in all its details.

A woman thirty-three years of age, having always previously enjoyed perfect health, became affected two years before the operation with copious leucorrhœa. Soon afterwards, she had severe pains in the hypogastric region, with lancinating pains starting from the uterus, sometimes ascending to the lumbar region, and then descending to the groin. Menstruation continued regular, although the pain was more acute at that time, and the leucorrhœa more abundant at the beginning and end of the menstrual period. Four months before she entered the hospital, she had metrorrhagia during menstruation and in the intervals.

The expulsion of blood was accompanied with colic and contractions. At the same time there was increase of pain, which continued to maintain its lancinating character. The patient was cauterized twenty-two times, at her residence and in the different hospitals, with the actual cautery, the nitrate of mercury and the nitrate of silver. She did not experience any perceptible relief. She entered the Hotel Dieu in February last, suffering from the same pains, and having profuse hemorrhage. The finger could detect neither irregularities nor ulcerations, but the uterus was painful when touched. After a few days rest, and the administration of narcotics to combat the hemorrhage, the speculum was introduced. When it was ascertained that the external orifice of the neck, which was open, and from which blood and mucous was oozing, did not present any organic alteration, and that the neck was only of a deeper red color than natural, M. Jobert introduced within the cavity of the uterus a small iron rod at a white heat. This rod was curved to resemble the hysterometer, and was made to penetrate beyond the external orifice of the neck from two to three inches.

The next morning, the white discharge was more abundant than usual. There was no discharge of blood, and the patient felt a weight, with numbness, in the pelvic region. The cauterization was repeated in the same manner eight days after, (on the 28th March,) and on two other occasions, between this date and the 21st of May. Her menstrual discharge in April, came on at its usual time, but was somewhat prolonged, painful and a few clots of blood were discharged. In May, she menstruated regularly. There was no hemorrhage in the interval, and the pain disappeared. She was able to leave the hospital about the end of May, at which time her improvement was such that the finger could be introduced and *ballotement* produced without causing the least suffering. This interesting case affords another evidence of the efficacy of the actual cautery in neuralgia, but it shows at the same time that these cauterizations are only useful when made along the course of the affected nerves, or at least as near them as possible.—*Gazette des Hopitaux.*

A word on the Indiscriminate Use of Subnitrate of Bismuth in Diarrhœa.—The first experiments of Mr. Monneret on the employment of the subnitrate of bismuth in diarrhœa have been published in this journal and we have often spoken of its advantages. But it should by no means be employed indiscriminately. What could we expect from the use of subnitrate of bismuth in those cases where the large intestines are ulcerated from one end to the other. Again, what may we expect from its use in those diseases in which the diarrhœa constitutes an ordinary phenomenon, connected with the evolution of the disease, and which can no more be separated from it than can the soul from the body? By such a careless and unscientific practice, we bring into disrepute a medicine the efficacy of which is best established, not only in the estimation of the profession, but in that of the patients. It cannot be too often repeated, the subnitrate of Bismuth can only do good when there is slight intestinal irritation only, and particularly when the irritation does not take its origin from a general alteration of the organization. We find, also, that Professor Schina, of Turin, has come to the same conclusions, after numerous observations.

1. The subnitrate of bismuth, says Mr. Schina, given in large doses, is perfectly tolerated, even when there is irritation of the gastro-intestinal canal. 2. This remedy succeeds best in cases of intestinal phlogosis, characterized by uniform redness of the tongue. 3. When, on the contrary, the borders and tip of the tongue alone present a deep red color, the bismuth only modifies the disease by rendering the stools less frequent and less copious, but does not effect a complete cure. 4. In those cases of intestinal inflammation connected with a general cause in the organism, the subnitrate of bismuth affords no relief; for, in these cases, the diarrhœa is only a symptom of other diseases. 5. Under the influence of subnitrate of bismuth, the evacuations become less abundant, assume a greater consistence, and become of a dark green and sometimes black color. Thirst diminishes a great deal, or even subsides entirely under its use, and this phenomena appears to be attributable more to a special influence upon abdominal inervation, than to a diminution or cessation of the exaggerated serous intestinal secretion; the more so that at the same time this secretion diminishes, the quantity of urine becomes normal and even augmented, assuming a dark red color, which is probably dependent on the presence in it of a small quantity of sulphate of bismuth. 7. It is probably as much to the dynamic as to the mechanical action that the success of the subnitrate of bismuth in diarrhœa, accompanied with inflammation of the intestines, is to be distributed.—*Bulletin General de Thérapeutique Med. Chirurgicale.*

On the Continuous use of Belladonna in Cases of Cataract and Nebulæ of the Cornea.—We have already, on several occasions, noticed the good effects of the topical application of belladonna in central opacity of the cornea or of the capsule of the crystalline lens, and even of commencing cataract. A fact which we have left unnoticed is its harmlessness, even when continued for a long time. Concerning this, we subjoin some interesting particulars which we find in a memoire upon the therapeutic virtues of belladonna, to which a prize was awarded by the Society of Medicine of Gand. In cases of nebulæ, or of central cataract, says M. Dubois, I have given to the partially blind a degree of sight sufficient to enable them to conduct themselves, and even to render them capable of doing easy work. I make them introduce under the lids one drop of a saturated solution of the extract of belladonna, which is sufficient to dilate the pupil beyond the limits of the opacity. By this means I have been enabled to restore sight to many who could not conduct themselves, but who now, armed with a solution of the extract of belladonna, have been able for several years to walk about freely. Among other cases, one who had not seen for five years, in consequence of a large central spot which occupied the cornea, was enabled to move about with safety and comfort.

M. Dubois says that he has never seen any bad results from this practice.—*Annales de la Société de Médecine de Gand.*

Cases of Hemorrhage after Delivery, Accompanied by Severe After-pains. — *By Francis H. Ramsbotham, M. D.*— It is generally believed, and with truth, that the more strongly the uterus contracts after delivery, the less chance is there of hemorrhage occurring, and the greater, therefore, is the safety of the patient in respect to that source of danger. This aphorism, however, only applies to those cases in which the uterus is empty; if it contain any solid body—a polypus, a portion of placenta adhering to its surface, a large piece of the fœtal membranes, or even a mass of tough, fibrinous coagula—it may contract most powerfully—indeed inordinately—with much more pain than usually attends its action after the child's birth; and yet, at the same time, there may be such a discharge of blood flowing as to place the patient's life in imminent peril.

These cases are embarrassing to the young practitioner, especially as there exists among authorities on the obstetric science, a great diversity of opinion in regard to the treatment of floodings after the removal of the placenta; and this want of concord must necessarily tend in no small degree to confuse his judgment. Some, as Denman, Dewees, and Robert Lee, think the introduction of the hand for the purpose of clearing the uterine cavity too harsh a measure to be admissable under such circumstances; while others, as Burns, Collins, Gooch, Merriman, and the late Dr. Ramsbotham, describes the proceeding as being not only safe in itself, if carefully performed, but as the speediest and most effectual means of averting the impending danger. Others, again, as Blundell, Ingleby, and Churchill, think it should never be attempted, unless there be "inexorable need," or "a very pressing emergency," or till "all other means have failed."

The fact that Dr. Ramsbotham saw the first seven cases which he relates in one year, is a proof that they are not very rare, but that they are met with often enough to make them well worthy of special consideration.

"*Case I.*—On February 2d, 1833, at five A. M., I was sent for to Mrs. S——, æt. thirty-two, in the neighborhood of Drury Lane. She had been in labor of her first child for two days, the membranes having broke on the first accession of the pains; and she had been rather officiously treated, for her attendant had exhausted his stock of ergot, had given her a considerable stock of gin and water; she had taken two large doses of laudanum and he had been rubbing some extract of conium on the cervix uteri; he was about to bleed her when I arrived. I found her walking about the room, unable to sit from the pressure of the child's head, and looking weary. She had not slept for two nights. But the pulse was under ninety, and there was no indication of exhaustion. The os uteri was not quite dilated, though the head was low in the pelvis; the scalp was puffy and swollen; the vagina and perineum very rigid; and the pains were frequent and irritating. I ordered her a little effervescent medicine, and directed that she should be kept quiet on the bed, and that the external parts should be fomented. At two P. M., I ascertained that the pains had been much more natural and efficient since the meddlesome practice had been discontinued; the os uteri was entirely dilated, the vagina much more lax, and the head extending the perineum. The child was born at three. The placenta was expelled naturally in fifteen minutes, but the uterus soon relaxed, and a quantity of blood collected within its cavity. Pressure and cold caused it to contract; still there was a drain of colored serum going on, and the uterus was acting at intervals very strongly, with much pain. After waiting nearly half an hour, without any relief to the symptoms, during which time she became rather faint, I introduced my hand fully into the uterine cavity, and removed four or five ounces of firm, fibrinous coagula. The draining then ceased, as did the pains also; and she soon went to sleep. It was necessary to introduce the catheter once the next day; but she recovered perfectly well."

"*Case II.*—On April 27th, 1833, at two P. M., I was requested to see a patient of the Royal Maternity Charity, who had been delivered of her first child by one of the midwives, about two hours before, after an ordinary labor. The placenta came away, without assistance, in less than half an hour; but the uterus relaxed, and she flooded much. The midwife had used cold applications and compression of the viscus; and although these means had produced strong contraction, attended by unusual pains, they had not put a stop to the discharge. The patient was complaining of acute suffering each time the uterus acted, was faint, pale, and in

a state of jactitation. I therefore introduced my hand at once into the cavity, and took away a mass of firm coagula, the size of a man's fist. The violent pains ceased immediately; the bleeding was stayed, and, after experiencing for a few days a pulsating pain in the head, she gradually recovered."

Mr. Ramsbotham relates the particulars of five other cases of the same kind, in all of which there was a draining of blood going on at the same time that the uterus was firm and comparatively small, and while the after-pains were frequent and powerful—a condition of things usually described as being incompatible with dangerous hemorrhage. In all there was a considerable quantity of heavy, tough coagula within the cavity, and in all the pain ceased immediately on the uterus being emptied, the discharge almost invariably ceasing about the same time.—*Medical Times and Gazette.*

Phenomena resulting from the destruction of the cervical portion of the great Sympathetic—*By C. Bernard.*—These effects are: Contraction of the pupil, of the palpebral opening, of the nares, and finally a special modification of the circulation coinciding with a great increase of calorie, and sensibility in the parts.—*Revue Médico Chirurgicale de Paris.*

Electro-Magnetism in Angina Pectoris.—M. Duchenne, of Boulogne, has made a successful trial of his electro-magnetic machine in angina pectoris. Whilst the patient was suffering from a violent attack, he excited the nipple with the conductors of his induction apparatus, graduated so as to exert the least possible power. The pain which this application produced was intense, but of short duration, and on the cessation of this pain, that of the disease disappeared entirely, and also the numbness of the arms and fingers. Every time an attack came on, he tried the experiment, and the result was invariably the same; or, in other words, the patient was instantaneously relieved from the most intolerable suffering and became perfectly calm. On repeating these experiments, M. Duchenne was satisfied that it was not necessary, in order to obtain the above result, to excite the nipple. He obtained the same result, producing the electro cutaneous excitation *loco dolenti*, that is to say, on a line with the superior part of the sternum.—*Gazette des Hopitaux.*

On Prolapsus of the Uterus and Vagina during Pregnancy and Labor.—*By J. H. Houghton.*—Mr. Houghton relates a case of this rare disorder, and collects the particulars of fourteen cases of the same kind from the writings of Drs. Merriman, Davis, Ashwell and Capuron.

Case.—Mrs. S——, æt. about twenty-six, had been much neglected in her first confinement, and had since suffered from prolapsus uteri. About November, 1850, she had retroversion of the uterus, followed by a miscarriage at the fourth month; since which time the uterus had descended daily, and had prolapsed every day during her present pregnancy, even to the day of her delivery. At times she had had considerable discharge from it; and she was aware of ulceration existing round the os. She had not had any medical advice for the prolapsus.

She was taken in labor with her second child, on November 12th, 1851, at four P. M. The pains continued feeble and infrequent till two P. M., the next day, and Mr Houghton saw her at about four. The head presented naturally; the os uteri was dilated to about the size of a crown-piece; the passages were moist; the membranes had been ruptured twenty-four hours previously. On examination, the os uteri was found close to the outlet; the walls of the uterus, from the margin of the os to that part of the uterus against which the head of the child pressed, formed a cone three inches long, the apex downwards. The lips of the os were very thick, rigid, and unyielding; and indeed the whole of the cone presented the same character. The pains were regular and tolerably strong. As the labor proceeded, the whole mass, uterus and head, came down together, dragging with it the anterior wall of the vagina, and at length obliterating the anterior *cul-de-sac* of the vagina; the tumor thus formed dilated the vulva. The descent continuing, and the os uteri scarcely dilating at all, the uterus came so low down that the anterior lip of the os uteri was pushed outside the vulva, and the anterior half of

the os uteri and the posterior half of the vaginal orifice formed an elliptical opening, through which the child's head could be readily felt, and, if necessary, could have been seen. Still the os uteri continued firm and unyielding, and eventually the whole of the os, with an extraordinary *caput succedaneum*, protruded from the vagina.

Tartar emetic was given, and nausea kept up for about three hours. After this, forty drops of laudanum were administered.

At eight P. M., the os uteri was rather larger than a crown-piece; the *caput succedaneum* protruded; the bones of the head pressed on the margins of the os, which were thick, hard and very unyielding. The pains were strong. The anterior *cul-de-sac* of the vagina was obliterated with each pain, with a disposition of the whole os uteri to pass externally. For sometime after the laudanum was given, the pains became more moderate, but they never ceased, and at ten P. M. returned sharply. The os was now more disposed to dilate, though still very firm and rigid.

Mr. Houghton determined to wait for dilatation, and in the mean time to prevent total inversion of the vagina. To affect this, he proceeded in the following manner: Having replaced the uterus and the vagina as well as he could, he watched carefully for each pain, and when it was about to commence, he passed the fingers of his right hand into the anterior *cul-de-sac* of the vagina, and the thumb of the same hand into the posterior *cul-de-sac*. The fingers and thumb thus embraced the os and the child's head, and while the latter was allowed to press on and dilate the former, he supported the whole mass in position, or nearly so. For some time the dilatation continued very slowly, and he could feel, from time to time, that abrasion of the anterior and posterior lips of the os, had taken place. The os now very tightly embraced the head, the posterior lip being softish, the anterior very hard and thick. At about half-past eleven, P. M., during a very strong pain, Mr. Houghton felt something suddenly give way, and the child was almost immediately born alive; laceration of the posterior lip of the os uteri having taken place to the extent of about an inch. No flooding followed. The uterus and vagina were prolapsed when the placenta was expelled. The uterus was easily returned; the patient was much exhausted; a stimulant and a dose of opium were given, and she was allowed to rest.

The patient went on favorably; but remained subject to prolapsus, which returned every time she sat up.

From a review of his own case and then of others, Mr. Houghton finds:

That two cases were primiparæ, four multiparæ, while in eight the number of pregnancies was not named. That in two cases the head presented; in twelve the presentation was not named. That in four cases there was great rigidity of the os; in ten, the state of the os was not mentioned. That in thirteen, the prolapsus was complete; in one, this was not mentioned. That in one case, venesection, tartar emetic and opium, remedies calculated to remove rigidity, were used with benefit; in four, counter-pressure was used; in four, dilatation; in four, the mode of proceeding is not clearly related; in two, incisions were practised; in one, turning. In twelve cases, the patients recovered, (probably with prolapsus uteri remaining); in one, death occurred; in one, recovery without prolapsus. Rupture of the cervix uteri took place in one case.

The accounts of treatment of the disease are very meagre. Counter-pressure, dilatation, and incision, were the means most practised.

Counter-pressure seems applicable in all cases of prolapsus during labor; for, on seeing the uterus and vagina protruded, and reflecting how the uterus is naturally suspended in the pelvis, it follows that by supporting the vagina with the tips of the fingers, and thus maintaining its *cul-de-sac*, a point is afforded from which the child or the membranes may press on and dilate the os.

Mechanical dilatation is objected to by Mr. Houghton, on the grounds that by its performance a risk is incurred of stimulating the reflex function of the uterus, and hence producing violent uterine action, and laceration of the cervix or body of the uterus.

Incision of the cervix is recommended by Mr. Houghton to be employed, after counter-pressure has been continued some time, and rigidly continues in spite of the ordinary means of overcoming it.—*Dublin Quarterly Journal of Medicine.*

Miscellaneous.

Physico-Medical Society—*Session, April 1st*, 1854, *Dr. R. Bein, President.*—In consequence of the few members present, this society did not hold its regular session, adjourning to meet on the 15th of April. We regret that we cannot present to our readers the usual record; we regret still more the apathy and want of interest in the Society evinced by its members. The Physico-Medical Society of New Orleans was incorporated by the Legislature in 1820. "The physicians of New Orleans and its vicinity believing that a frequent interchange of opinions on subjects connected with their profession, was the most effectual mode to promote its interests, and exchange their knowledge," instituted this society for that purpose. That its objects at the present time are carried out, is a matter of doubt; very little interchange of scientific opinion can take place when there is difficulty even in the assembling of a quorum. As this society numbers among its fellows some of the most distinguished members of the medical profession in the South, it is a matter of regret to all interested in the advancement of science, that its objects should be so much neglected by those who are naturally supposed to be most interested in the dissemination of correct medical knowledge. The society has a higher aim than the repetition and mere detail of cases, which add nothing to the received facts on such subjects. In the discussion of cases, some of the great principles of medical science could be illustrated, and if the members of the Society, by their regular attendance at the meetings, and by a free discussion on such topics, endeavor to raise the tone of the Society, much benefit would result to the profession generally. Societies of this kind are supposed to take under their cognizance those important subjects in which the public at large are more or less interested; to discuss and make known their views as to the propriety of quarantine; to express their opinion on public hygienc medical police, etc., etc. These are topics which come within the legitimate scope of scientific bodies, and are of sufficient interest to induce medical societies to give at least the received facts in regard to them, their earnest attention.

The New Orleans Physico-Medical Society should receive more attention, should be encouraged by a frequent and a fuller attendance of its members, and its objects arrived at by interchange of opinion upon subjects, taking a somewhat higher range in science than the mere statement of the fact of existence in our midst of particular diseases.

University of Louisiana—*Medical Department.*—At a Commencement held in the Medical Department of the University of Louisiana, on the 22d of March, after a remarkably eloquent and appropriate address by Dr. Hunt, the Dean of the Faculty, the degree of Doctor of Medicine was conferred upon the following gentlemen:

Names.	*State.*	*Thesis.*
H. F. Foote,	Louisiana,	Cholera.
W. W. Perry,	Texas,	Dysentery.
D. McKnight,	Tennesseee,	do.
J. E. Gourlay,	Louisiana,	Yellow fever.
S. Devore,	Kentucky,	Intermittent fever.
J. D. Barkdull,	Mississippi,	Erysipelas.
P. Bres,	Louisiana,	Phthisis.
J. H. Robbins,	Alabama,	Functions of the liver.
J. W. Woolverton,	Mississippi,	Spermatorrhoea.
G. W. Leatherman,	do.	The mind as a therapeutic agent.
E. Muckle,	Alabama,	Intermittent fever.
J. W. Comfort,	Louisiana,	Typhoid fever.
A. Bruenn,	do.	Rheumatism.
J. M. Silliman,	Mississippi,	Dyspepsia.
J. S. McRaven,	do.	Pneumonia.

Name.	*State.*	*Thesis.*
W. W. Brown,	Texas,	Cholera infantum.
Wm. Bacot,	Mississippi,	Pleurisy.
C. R. Smith,	do.	Measles.
J. M. Donald,	Alabama,	Dieteties.
M. P. Quinn,	Louisiana,	Typhoid fever.
G. W. Jones,	do.	Intermittent fever.
J. W. Barrett,	Mississippi,	Evolution of animal heat.
W. J. Love,	Texas,	Typhoid fever.
E. M. Walker,	do.	Yellow fever.
G. P. Luster,	Mississippi,	Pneumonia.
W. B. Erwin,	Louisiana,	Puerperal fever.
F. W. Moodie,	Alabama,	Fever.
F. L. Cook,	Louisiana,	Diarrhœa.
H. O. Reed,	do.	Dirt eating.
L. O. Daily,	Alabama,	Dysentery.
W. A. Smith,	do.	Typhoid fever.
D. L. Todd,	Louisiana,	do.
A. A. Wall,	Louisiana	Pneumonia.
J. Mathieu,	do.	Gastritis.
J. Ray,	Texas,	Puerperal fever.
N. C. Smith,	Mississippi,	Intermittent fever.
W. K. Johnson,	Texas,	Diabetes.
W. C. McGown,	do.	Pneumonia.
H. C. Huff,	Mississippi,	Typhoid fever.
M. J. Luster,	do.	do.
A. Dubourg,	Louisiana,	do.
J. S. S. Smith,	Mississippi,	Auscultation.
E. Dubory,	Louisiana,	Ascites.
J. G. Dowald,	Alabama,	Cholera.
Chas. H. Williamson,	Louisiana,	Dyspepsia.
R. J. Kendriek,	Florida,	The therapeuties of the sea.
C. W. Humphrey,	Mississippi,	Fœtal circulation.
H. H. Hubbard,	do.	Inflammation of the uterus.
B. Brookes,	Texas,	Intermittent fever.
M. Talbott,	Kentucky,	Malaria.
E. S. Drew,	Louisiana,	Yellow fever.

Legalization of Dissection.—A bill has recently been passed in the Legislature of New York which is indicative of the advanced enlightenment of the age, and the gradual, but certain, diminution of the prejudices which formerly existed against the dissection of the human body. We copy the whole bill, and to it subjoin a speech delivered by Mr. Macaulay in the British Parliament, at a time when the passage of a law similar in character was the subject of debate:

"An Act to Promote Medical Science.—The people of the State of New York represented in Senate and Assembly, do enact as follows:

"Section 1. It shall be the duty of any Warden, Superintendent, Governor, Commissioner, of the Alms-house Department, or other officer having in charge any of the prisons, penitentiaries, or alms-house departments of the State, supported entirely at public expense, and located in cities whose population exceeds thirty thousand inhabitants, to deliver to any regularly chartered medical college or school in the State, on application from the trustees or teachers thereof, for the purposes of medical and surgical study, the remains or body of any person dieing in any of the aforesaid institutions under their charge; provided that the said remains shall not have been claimed or demanded for interment by any relative or friend of said deceased person within twenty-four hours after death; in which case said remains shall not be delivered, but shall be interred in the usual manner.

"Sec. 2. The remains of bodies of such as may be delivered to the medical schools and colleges as aforesaid, shall be used for the purposes described in this

act, in this State only; and whoever shall remove such remains beyond the limits of the State, shall, on conviction, be adjudged guilty of a criminal offence and shall be imprisoned in one of the State prisons of this State for a term of not less than one year.

"Sec. 3. All laws inconsistent with this act, are hereby repealed.

"Sec. 4. This act shall take effect immediately."

The following are the remarks of Mr. Macaulay, made on the occasion above referred to:

"Sir—I cannot, even at this late hour of the night, refrain from saying two or three words. Most of the observations of the Hon. member for Preston, I pass by as undeserving of any answer before an audience like this. But on one part of his speech I must make a few remarks. We are, says he, making a law to benefit the rich at the expense of the poor. Sir, the fact is, the direct reverse of this. This is a bill which tends especially to the benefit of the poor. What are the evils against which we are attempting to make provision? Two especially; that is to say, the practice of Burking and bad surgery. Now, to both these the poor alone are exposed. What man in our rank in life, runs the smallest risk of being Burked? That a man has property, that he has connections, that he is likely to be missed and sought for, are circumstances which secure him against the Burker. It is curious to observe the difference between murders of this kind and other murders. An ordinary murderer hides the body and disposes of the property. Bishop and Williams dig holes and bury the property and expose the body for sale. The more wretched and more lonely any human being may be, the more desirable prey is he to these wretches. It is the man, the mere naked man, they pursue. Again, as to bad surgery; this is of all evils, the evil by which the rich suffer least, and the poor most. If we could do all, that in the opinion of the member for Preston ought to be done—if we could prevent disinterment—if we could prevent dissection—if we could destroy the English school of anatomy—if we could force every student of the medical science to go to the expense of a foreign education, on whom would the bad consequences fall? On the rich? Not at all. As long as there is in France, in Italy, in Germany, a single surgeon of eminent skill, a single surgeon who is, to use the phrase of the member for Preston, addicted to dissection, that surgeon will be in attendance whenever an English nobleman is about to undergo a critical operation. The higher orders in England will be always able to procure the best medical assistance. Who suffers by the bad state of the Russian school of surgery? The Emperor Nicholas? By no means. But the poor, dispersed over the country. If the education of a surgeon should become very expensive, if the fees of the surgeon should be increased, if the supply of regular surgeons should diminish, the sufferers would be not the rich, but the poor in our country villages, who would again be left to mountebanks, and barbers, and old women, to charms and quack medicines. The Hon. gentleman talks of sacrificing the interests of humanity to the interests of science, as if this were a question about the squaring of the circle, or the transit of Venus. This is not a mere question of science—it is not the unprofitable exercise of an ingenious mind—it is a question of care and pain. It is a question of life and death. Does the Hon. gentleman know from what cruel sufferings the improvement of surgical science has rescued our species? I will tell him one story, the first that comes into my head. He may have heard of Leopold, Duke of Austria, the same who imprisoned our Richard Coeur-de-Leon. Leopold's horse fell under him and crushed his leg. The surgeons said that the limb should be amputated, but none of them knew how to amputate it. Leopold, in his agony, laid a hatchet on his thigh and ordered his servant to strike with a mallet. The leg was cut off, and he died of the gush of blood. Such was the end of that powerful prince. Why, there is not now a bricklayer who falls from a ladder in England, who cannot obtain surgical assistance infinitely superior to that which the Sovereign of Austria could command in the twelfth century. I think this a bill which tends to the good of the people, and which tends especially to the good of the poor. Therefore, I support it. If it is unpopular, I am sorry for it, but I shall cheerfully take my share of its unpopularity. For such, I am convinced, ought to be conduct of one whose object it is not to flatter the people, but to serve them."

CHARITY HOSPITAL.

Since our last number several cases of interest have entered the hospital.

The following operations have been performed: Two tibio tarsal disarticulations, one amputation of the fore-arm, and one of the thigh.

The first case of tibio tarsal disarticulation (Symes operation) was rendered necessary by caries of the tarsus, resulting from fracture. The operation was performed in the following manner: An incision across the foot was made, which extended from a point a little anterior to the internal malleolus to the tarsal articulation of the fifth metatarsal bone; these two points were then united by an incision which extended across the sole of the foot. Disarticulation was made, care being observed, while dissecting the flap from the os calcis, to preserve intact the posterior tibial artery, previous to its division. The skin and cellular tissue of the heel formed a most excellent flap, and the operation promised to terminate favorably; unfortunately the stump took on an unhealthy action, probably from the tendency to hospital gangrene then existing in the wards; it is probable that another amputation higher up will be necessary in this case.

The second operation of this kind became requisite from an injury produced by the passage of the wheel of a railroad locomotive over the tarsus of the left foot. The right hand of the poor fellow was also injured to such a degree as to render amputation of the arm necessary. As far as the two operations were concerned, every thing was favorable; very little blood was lost and good stumps formed. The patient, however, was in a very low and irritable condition, and nervous delirium ensued. Opiates, in full doses, were administered, but the patient became gradually worse, and three days after the amputation, the leg took on a gangrenous appearance, manifested by discoloration and a crepitation in the cellular tissue from the formation of gas. The patient died six days after the operation.

The amputation of the thigh was also rendered necessary by an accident resulting from the wheels of a railroad car. A poor German boy, aged about sixteen, of rather weak intellect, was engaged in gathering wood by the side of the railroad, when, by some unaccountable carelessness on his part, he was knocked down and injured by the train passing.

The right leg and a portion of the thigh was completely flayed; the cellular tissue of the popliteal space dissected in such a manner as to expose the popliteal artery and nerve, and the tendons of the flexors of the leg. The condyles of the femur were fractured. Amputation of the thigh was performed as soon as reaction had taken place; some difficulty was experienced, and a little ingenuity required in order to make a proper flap; this was, however, effected, and the patient removed to his bed. In this case the shock to the nervous system was very great, and the patient died a few days after the operation. *Post mortem* examination evinced traces of purulent infection.

One case of rupture of the urethra with infiltration of urine into the cellular tissue of the scrotum, penis and abdomen. The patient was a negro seamen, and brought into the hospital in *articulo mortis*. He was affected with a stricture, and while at sea, retention of urine suddenly came on; there was no one to relieve him, and the consequences were as described above. The patient died and was, unfortunately, buried before a *post mortem* examination could be held.

Another case of urinary infiltration terminating in death. The patient had a stricture. Being one day unable to void his urine, he purchased a catheter, which he attempted to introduce, but so lacerated the urethra that urinary infiltration ensued, which caused peritonitis and death. The surgeon of the ward found it impossible to pass the catheter in consequence of the extensive disorganization of the parts. No post mortem was made.

One case of stab with a dirk. The weapon entered the parietes of the abdomen to the right of the median line and over the right hypochondriac region. The omentum protruded slightly, but was returned. There is now circumscribed inflammation with a tendency to the formation of an abscess. The patient's condition is not very favorable; the depth of the wound being unknown, the prognosis is doubtful.

A case of fistula in ano operated on is doing well, the sinus healing under the employment of stimulating injections.

One case of fracture of the neck of the femur, the diagnosis of the case was at first a little difficult, but was finally decided on. The patient is recovering under the employment of an apparatus of extension.

One case of fracture of femur doing well with Listons splint.

One case of fractured tibia, treated as is usual.

One case of compound fracture of tibia and fibula caused by a fall; the patient only entered as we write.

The case of wound of the pleura, and lung, from a stab, mentioned in our last report, has recovered.

The compound fracture of tibia and fibula, with rupture of the anterior tibial artery and complicated with delirium tremens, mentioned in our last number, is nearly well; the limb was saved by conservative surgery. It is to be regretted that a little patience is not more often exercised by surgeons, many limbs are amputated which might be saved.

The little girl operated on for fungus hemætodes is nearly well. Whether the disease will again manifest itself, is a question which remains to be decided.

In the medical wards there has been more typhoid fever than is usual; cholera has almost entirely disappeared.

Among other cases, somewhat interesting, we may notice:

Two cases of typhoid fever with very violent symptoms, treated with cold effusions and acetate of ammonia; one of them is nearly well, the condition of the other is doubtful.

Two cases of acute rheumatism, one of which treated with blood-letting, quinine and nitrate of potash, is doing well; the other has recovered entirely under the use of the two last of these remedies.

A case of gangrene of the leg resulting from serous infiltration, (general dropsy) caused by the double complications of diseased liver and heart. The poor patient is in a lamentable condition, but will not probably suffer much longer.

There are also three cases of disease of the heart which our limits will not permit us to notice, we will speak of them in our next.

Charity Hospital Election.—At a meeting of the Board of Administrators of the Charity Hospital on the 8th inst., the following gentlemen were elected for the ensuing year:

House Surgeon, Dr. S. Choppin.
Assistant House Surgeon. Dr. E. Canter.
Treasurer and Secretary, Dr. H. D. Baldwin.
Apothecary, Mr. M. Boyens.
Assistant Apothecary, Mr. LaNeuville.
Clerk, Mr. ————
Assistant Clerk, Mr. G. H. Smith.
Hospital Commissioner, Mr. N. Sinnott, Jr.
Visiting Surgeons.—Dr. E. Martin, Dr. T. Hunt, Dr. C. Beard.
Visiting Physicians.—Dr. E. Fenner, Dr. J. Hale, Dr. C. B. White, Dr. — Batchelor, Dr. P. C. Boyer, Dr. C. R. Nutt, Dr. P. E. Delente, Dr. — Guenther, Dr. J. Q. Irwin, Dr. T. O. Meaux, Dr. J. Mathieu, Dr. D. Macgibbon.

Charity Hospital Reports.—March, 1854:

Admissions,	774.
Discharges,	735.
Deaths,	111.
Births; males, 6; females, 13.	
From March 29th, to April 12th, inclusive:	
Admissions,	393.
Discharges,	352.
Deaths,	52.

Notices of Exchanges.—We have received the following medical journals in exchange: New York Medical Times, edited and published by H. D. Bulkley, M. D. The Boston Medical and Surgical Journal, edited by J. V. C. Smith, M. D., G. S. Jones, M. D. The Medical News and Library, published by Blanchard & Lea, Philadelphia, and last, though not least, the Georgia Blister and Critic.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. MAY 1, 1854. NO. V.

In a preceding number we examined briefly the nature of quackery. We concluded that it has its origin in the base passion of covetousness, checked by no sentiment of honor or humanity; and that, furthermore, both quacks and their dupes are criminal in not fulfilling their obligations to their Creator by conforming to the moral and material laws He has established.

In that article we ascribed such great virtue to the curative powers of nature, assisted by proper regimen and medical faith, that some of our brethren may have thought we limited too much the sphere of medicine. But, we apprehend, a proper view of our position will show that medicine has been deprived of none of its real charms.

The intelligent physician is, after all, but the "High Priest of Nature." He must wait humbly and assiduously at her altar, and interpret and obey her high behest. It is by her laws that everything in her domain is governed — a proper regimen promotes obedience to them when they command a cure — medical faith renders favorable that mysterious sympathy which exists between mind and body. No physician can preserve either health or life when the *vis medicatrix*, as regards a function or all the functions of vitality is entirely destroyed; (this would be to work a miracle,) but when it is merely weak, or casually overwhelmed, and neither regimen nor medical faith are sufficiently powerful, then, earnestly waiting the command of Nature, he comes forward, applies her active remedies and sees her laws obeyed. What deep and anxious thought, what trembling intentness oppress him lest he should mistake or disregard the teachings of his Instructress! Yet, when he finds he has not erred, and sees the bloom and smile of health retake their place, and feels the genial warmth of gratitude, he is conscious of a profound satisfaction — not that he has worked a wonder, but that Nature has taught and assisted him to gratify his own benevolence, and to restore that health or life so dear to every human breast

To watch, to strengthen, and to assist the curative powers of nature is then the only power of the physician — his only hope for success is obedience to the laws of nature in the application of means.

What a high position is that of this "High Priest," as Lord Bacon calls him. He brings order and happiness from confusion and pain. The profoundest Jurisconsult or the ablest Statesman does no more. And viewed from his position how does the quack appear? As a trembling culprit — who, skulking from every obligation, "creeps into houses and leads captive silly women" and sillier men, by pandering to their ignorance and superstition, and his own lust of gain! — A miserable subterfuge!

To account for the wonderful popularity of successive systems of quackery is far more difficult than we at first imagined. Most of its forms, whether in medicine, politics or religion, have been and are so monstrous that their reception shocks the respect we wish to entertain for human reason.

Ignorance on the part of its victims is of course the first great cause of its popularity; for, to use a Panza-ism, if all had knowledge and wisdom none would be fooled. What we have to examine then, is how this ignorance has been wrought upon. Let us attempt it.

As heresies generally originate in the priesthood and receive importance from the position of their authors, so have successful systems of quackery generally been invented by so-called members of the faculty, who have imposed upon the people by their supposed superior knowledge. Hahnemann, for instance, was a regular physician; and it was and is a great stroke of policy on the part of homeopaths to call themselves "Doctors," and attempt to mingle on equal terms with the regular faculty, recognized as such.

But this is not the only manner in which regular physicians contribute to quackery. Doctor Sangrado, with his bleeding and warm water, is no gross burlesque. Doctor Purgon, accompanied by Monsieur Fleurant bearing a huge glyster-pipe, is no monstrous imagination of Molière. And "Doctor Pedro Rezio de Aguero, native of Tirteafuera," who denied the hungry Sancho Panza, Governor, this dish and that, and left him to starve on a little bread and a few grapes, is no unusual character, although he was merely a layman tricked out by the humorist to torture his Excellency. We are sorry to say that in this as in other countries, there are many physicians who have pet remedies which they use on all occasions, and for which they can give no good reasons; generally ascribing to them cures which nature has made in spite of them. One has Mercury for his god; another worships at the shrine of Broussais; a third makes his patients drink to the honor of

Pelletier and Caventou in bumpers of quinine; a motley crew toss up their hats and shout in opposition to each other, brandy and salt! ipecac! opium! mustard! blisters! and almost every other agent in the *materia medica;* while a faint voice is heard in the din piping out the praises of cold water. All this is sheer quackery; and such indeed is the weakness of human morals and human intellect that the great danger to physicians seems to be Empiricism; just as the great danger to geniuses is Madness.

But not only is there want of union in the mode of treatment, but there is also frequently great contrariety and ill-will, arising from pride and jealousy, between physicians in the same locality. If, for instance, one use a very successful treatment in a particular disease, the other (what exceeding littleness of soul it marks!) claims to have first made the suggestion; or, on the other hand, one loses a particular case and another hints obscurely to *his* friends — for doctors have their parties as well as preachers, play-actors and politicians — that if he had attended it, the treatment and result would have been different. Shame upon such a one for an assassin and boaster, as he is! Has he never lost cases of his own? and how does he know the thousand unfavorable circumstances which attended this? or would he have men believe that medicine may be infallible for the saving of life? He should remember that but one Being ever lived upon earth to whom it could be said, "Lord if thou hadst been here my brother had not died."

If you yourselves, gentlemen of the faculty, go on at this rate, what do you expect the masses to believe? They are willing to give all medical power into your hands; and to admit that, as far as medicine is concerned, "you are the people, and wisdom will die with you," but your conduct confuses them. Union is strength; and if you were united you could lift up your profession in this country to a noble height, as a fixed and benevolent science. But disunited and at variance in this way, what can you do? or what better spectacle can the homeopath or other quack point out to gain himself followers from among the ignorant masses? United themselves, the upholders of each system of quackery profit by your disunion, and the quarrels in your camp bring defeat in the field. The disorders we have spoken of are not inherent in the science of medicine, nor do they generally arise from honest differences in opinion; but from the laziness, idleness or callousness of physicians in making their investigations. We wish no one to do, for the sake of union, either what he conscientiously believes to be wrong, or what he does not *conscientiously* believe to be right; but no idle,

lazy or callous physician can do his duty conscientiously. On the contrary he does grievous wrong to his fellow-men and to his profession, and occupies a most unenviable position as an accountable being.

These are some of the methods by which quackery has imposed upon the ignorance of the people. We do not intend here to speak of the advertisements, the lying puffs from venal newspapers, the certificates, the array of great or numerous supporters, the fine shops, showy labels, staring posters, and all the imposing paraphernalia used by quackery. Neither do we intend to comment—as a branch of the subject—upon the quackish arts by which many physicians, like Absalom, steal the hearts of the people. Ah, the powders of some of them seem, from their effects, to be like so many love potions—potions, too, gifted with such "spiritualization of the dynamic power," as Hahnemann hath it, as to affect all around those who take them. Perhaps it is because the physicians perform their *exhibitions* with such marvellous grace and confidence as to inspire faith. But, to return, we comment upon none of these things, because they are so well known to the people and the profession, that the wonder is that any of the one are deceived by, or any of the other resort to them.

Most of the other aids by which quackery imposes upon the ignorance of the people we look for in the people themselves. The chief of them are, we think, an excessive appreciation of life; too high an opinion of the powers of the human mind in the discovery and application of material agents; and superstition.

To love our own life is so natural, and to love the life of our friends so natural and amiable, that it is hard to convince ourselves that any appreciation of it can be excessive. In spite of its pains, sorrows and frailty, "all that a man hath will he give for his life." And when one he loves is sick, he casts about for every aid, seizes, like a drowning man, even upon the floating straws of quackery, and ceases his hopes and efforts only with their final failure. Then he goes on his way softly in sorrow—he sighs out his grief to the winds—smiles have lost their charm, the sun has lost its brightness, and flowers no longer blossom and perfume the air for him. Yet he knows that all his rosy hopes must go in this way to the tomb, and that he, perchance, may himself be borne there first. We may call this weakness, yet it is so natural and so lovely, who can find fault with it? Unless we take the highest ground in religion, and show that this life is only a point in our existence; that only when we have hurried and stumbled through it we commence indeed to live; that it is hateful on account

of its pain and sorrows, valueless for its enjoyments, and only to be prized as far as we profit by it in our preparation for the life to come — unless we do this, we say, we cannot convict any one of too great appreciation of this life: for if it were all your writer expected, what remains of it to him would be spent most jollily, and he would cling to it most avariciously, *as a philosopher should do in that case.*

But we have room only to suggest this point, if, indeed, it would be otherwise proper for the character of our journal. We wish to touch briefly upon the other two aids to imposition we have mentioned; and we will treat of them together.

The eldest daughter of Ignorance is Superstition, who holds almost co-equal sway with her mother, and, with Sin, breeds out a swarming progeny. We will hardly go so far as to say that the fright Eve received from the supernatural appearances, when she was driven from Eden, has been transmitted to her descendants; but so far as we have any means of knowing, her descendants have ever been constitutionally afraid of ghosts, or other supernatural creatures, and have almost universally been harrassed by a thousand vague hopes and terrors, connected with the supernatural world. Among the Pantheists every different natural object, every affection of mind or body, had its separate presiding deity. Even the Romish Church has its saints to be consulted and propitiated for all physical disorders; as, for instance, St. Anthony for inflammation, St. Job, or St. Fiage for syphilis, St. Wallia, St. Wallery, or St. Benedict for stone, St. Giles or St. Hyacinth for sterility, while St. Appollonia is specifically powerful for tooth-ache.

When we add to this superstition the high estimation mankind generally have of the powers of the human mind, and the intense love they have for life, we may well imagine that there is no system of quackery so gross but may have its believers. We need but refer the student to the Cabala and Celestial paradigms of Paracelsus, the theosophy, charms, amulets, talismans, sorcery, incantations, magic, holy wells, alchimy, and the innumerable other schemes which have existed. Nor is it necessary to recount the influences attributed to the conjunctions of the planets upon the different parts of the body; how the best time for bleeding was thought by whole nations to be when the moon was in the sign of Cancer; but when it was in conjunction with Saturn, the action of all medicaments, particularly of purgatives, was arrested; how certain plants were to be plucked, or applied only at a certain day and hour astrologically determined. All these

things, and a thousand more, in illustration of our explanation, may be found in the history of medicine.

Let it not be thought that the mankind of the present day are greatly more wise than their predecessors. People still have charms, dreams and omens. Who has not seen houses under the protection of old horse shoes? What observing man but knows many a "devilish cantrap," for curing warts, sore eyes, fevers, epilepsy, cramps, tooth-ache and other diseases? Who does not know many a "sign" of death, disease, calamity, disappointment, and almost every coming event? Guilt, superstition and constitutional fear will set half the nation in terror at the preternatural appearance of a shower of meteors.

Neither let it be thought that our quacks are more virtuous, or succeed by other means than those of past ages. Great names, numerous supporters, lying, and reputation for knowledge, imposed no more a hundred or a thousand years ago than they do now. Magnetism, mesmerism, biology, clairvoyance, the "spiritualization of the dynamic power" in infinitessimal doses, and somnambulism, impose upon the ignorance of the people, just as did astrology, theosophy and magic. And all are blasphemous for seeking aid from any but Nature and the God of Nature.

We now take leave of our subject, but with regret, for it is too vast and interesting to be disposed of so summarily.

Observations upon Wounds of Arteries:

By Warren Stone, M. D., *Professor of Surgery, University of La.*

[Continued.]

The force of the circulation in the calm state of the heart is not as great as it is generally supposed; and if the plug or coagulum happens to give way under some sudden exertion, the vessel may be healed by granulation, provided the wound is in a healthy, granulating state. I tied the femoral artery for femoral aneurism. The aneurism was high up, and I intended to tie above the profunda, as the circulation was good, and I believed the patient would run less risk from gangrene by ligating above the profunda than from secondary hemorrhage, if I tied just below. I accordingly tied the artery about three-fourths of an inch, or, at the utmost, an inch, below pouparts ligament. The wound healed kindly by the first

intention at the angles, and was granulating around the ligature. I examined the artery above, and, to my astonishment, pulsation continued down to the ligature, and I could trace the profunda past it. I had tied it just at the bifurcation. The patient was warned of his critical position, and directed to keep perfectly quiet; but he disregarded my advice, exerted himself to receive some friends, and it gave way, and profuse hemorrhage followed. This was the twelfth day. It was bound up very tightly with compresses, and when I arrived the bleeding was stopped; and, it being night, I did not disturb it, but warned the physician that too much pressure would prevent the cure. It bled the next day in spite of the compress, and on removing the dressings while the artery was compressed above, I found that the granulations were giving way under the pressure. The ligature was pulled away, and the condition of things was simply this: the artery was extended out in length by the sinus occupied by the ligature. It will readily be perceived that in a healthy subject when granulations are shooting out vigorously, this sinus must soon close. Strong compression not only prevents granulation, but destroys those that are formed. Slight compression over the orifice is sufficient to prevent hemorrhage — a degree of compression that does not interrupt granulation. A clot forms in this sinus precisely as it does in arteries; and with a little lint nicely applied, so as to keep this clot from being forced out, the granulations will soon block it up. I dressed this case in this manner, and no further bleeding occurred. Any one out of the profession can make pressure, as it is ordinarily made, but the object of employing a physician or surgeon, instead of a sailor, in case of hemorrhage, is to have it made on curative principles. It was evidently important to this subject that he was treated in this manner; for he was seized with erysipelas a few days after in this part, and, in all probability, if the artery had been tied above, he would have died of secondary hemorrhage. Perhaps I should be more explicit. I apply a piece of lint immediately over the orifice, and confine it with adhesive plaster, but not so tight as to interrupt granulations. This I renew every six to twelve hours, because the granulations will recede a little, although the pressure may not be enough to injure them, and the plaster will yield a little. Although it may require considerable pressure to arrest the hemorrhage in the first instance, yet as soon as the clot is formed, a little lint, so applied as to keep it from being forced out, is all that is required. I have often seen hemorrhage from granulating surfaces. I call to mind two or three that occurred when I was Assistant in the Hospital, when the femoral artery bled some days after the ligature came away. The flaps had either sloughed or were insufficient, and the face of

the stump presented a fresh, granulating surface. I dressed them in the manner mentioned, probably because I could not well do otherwise at the time; but I obtained what I conceive a valuable fact.

When we attempt to cure by compression, and some days afterwards bleeding occurs, it is a great neglect—if the vessel is of any considerable size—to attempt it again. The period at which lymph is thrown out having passed, the clot will not be supported, but will give way from day to day until the patient is exhausted. It is only when the wound is healthy and granulating that we are justified in using compression in secondary hemorrhage. Perhaps I can illustrate my views best by cases. The first case of wound of the palmar artery that ever came to my notice, was in the Charity Hospital twenty years ago. The patient had bled repeatedly, and was much reduced, and I, in my young enthusiasm, thought it easy to control it by compression. A graduated compress was applied with due care, but, to my surprise, bleeding took place again in the night. Another compress was prepared with more care, and applied more firmly; but the next night bleeding occurred, and, on removing the compress, it was found that sloughing was the consequence of over pressure. The radial and ulnar arteries were tied at the wrist and bleeding ceased. The true method of treating a wound of the palmar arch, is—1st. If the wound is free, and it is practicable, to tie the vessel; 2d. If it is a penetrating wound, and it cannot be reached without cutting among the delicate parts of the hand, to compress it; 3d. If, after two or three days, bleeding occur, to cut down and tie both vessels at the wrist, and save the injury of repeated losses of blood. When compression is made in the manner I have heretofore described, I feel sure that secondary bleeding will very rarely occur, unless by the imprudence of the patient. It has never occurred to me. Strong compression is made, but it is removed as soon as a coagulum is formed in the vessel, and then moderate pressure so as to support the coagulum, but not to interrupt the effusion of lymph. If lymph is effused, it is safe; but if not, hemorrhage takes place, and no degree of compression would have prevented it.

A case was admitted into the Hospital that had received a penetrating wound in front of the fore-arm through the bellies of the flexor muscles of the hand and wrist, about five days previous—in short, the ulnar artery had been divided. Repeated bleedings had occurred, but the wound being small, his physician found it easy to arrest it. The fore arm was much swolen from extravasated blood, and the circulation was very languid in the limb. The brachial artery was tied, the wound was enlarged, and

the coagula forced out so as to relieve the pressure; but gangrene took place, and the arm was amputated. There is no use in scolding. Physicians are all surgeons in our country, and they will practice surgery so long as there is nothing at stake but the limb and life of the patient. There is no excuse for binding up a limb in this manner, for there is not the remotest possibility of effecting a cure by it; and the danger to limb and life is hourly increasing. It is a rule in the surgery of the arteries, that whatever is necessary must not be delayed. I do not think we would be justified in treating this artery by compression at this point. The muscles are so thick that a compress could not well impinge upon the mouth of the vessel so as to close it properly, or prevent considerable extravasation under the muscles. If, however, compression had been made, and the hemorrhage controlled for the time, there would be no great risk in giving it the chance of treatment; but if bleeding should occur in a day, or, what would be more likely, thirty-six to forty-eight hours, we would be guilty if we waited for another evidence of the uselessness of compression. The brachial artery should be tied.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, *by Dr. Philip Ricord,*

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. V.

III. *Indurated Chancre.*—This variety of chancre was known to writers on syphilis from time immemorial, but its importance was overlooked. It is asserted by some that John Hunter was the first to notice this induration, hence its name, *Hunterian Chancre,* but long before him Jean de Vigo observed it, and went even so far as to maintain that it accompanied all chancres. Hunter himself gives but a passing notice of this symptom. He says: "A chancre has commonly a thickened base, and although in some the common inflammation spreads much farther, yet the specific is confined to the base." He draws no inferences from the presence of this induration, an inexplicable omission for a man of Hunter's sagacity and genius.

The vast majority of chancres do not become indurated, and if my doctrines be true, the frequency of indurated chancre must diminish.

Some persons seem to be insusceptible to indurated chancre, whilst there are none who are refractory to the simple form. All the information we have concerning the causes of induration, is of a negative character; neither age, sex, temperament, nor season appear to influence it — we must then look to that analogy which exists between small pox, vaccine virus and pox, for one explanation of this mysterious phenomenon.

When an individual has been vaccinated he is no longer liable to revaccination, or to the contagion of small pox. A diathesis once acquired cannot be doubled or tripled. One fact, which twenty years experience has demonstrated to me, is: That, as a general rule, an individual affected with indurated chancre is never again liable to the same affection. The exceptions to this rule, as regards subsequent immunity, are much less common than in small pox or vaccination.

Observation has proved that when induration does appear, other secondary symptoms invariably follow, and at this time a syphilitic diathesis is established, which, as I have said before, cannot be eradicated.

If a syphilitic diathesis once acquired prevent the induration of subsequent chancres, cannot this immunity become hereditary, and thus diminish the predisposition to indurated chancre and other constitutional symptoms of syphilis?

In indurated chancre the circular form is most generally met with. The edges of the sore are thickened, which thickness gradually increases until, in the words of Hunter, "it is very circumscribed, not diffusing itself gradually and imperceptibly into the surrounding parts, but terminating rather abruptly." Its base is hard and the edges a little prominent. Such a sore is attended with slight pain; it secretes little, and in fact makes but trifling progress, and may exist for weeks in this chronic state. Induration never commences before the fourth or fifth day, and is never to be dreaded after the third week. The consistence of the induration seems to increase, until it becomes like a piece of cartilage of a clear pearly color; no vessels can be seen permeating it, and from microscopical researches it is found to be formed of fibro-plastic matter. In most cases the ulceration heals gradually; in others it will increase to a considerable extent, or it may remain stationary in spite of all our local means to assist cicatrization. If we abstain from giving mercury other secondary symptoms will appear in a very few weeks, and the induration may abate, although it generally remains; but under the influence of mercury, in the manner hereafter to be

recommended, a peculiar effect on the induration is produced, the circumference of the indurated mass becomes redder than usual; the transparency becomes less and less, and absorption of this interstitial deposit takes place rapidly, particularly if the callous mass has existed only a short time.

The indurated chancre always gives to the touch a peculiar elastic characteristic sensation, which when once felt is always easily recognized. Induration never precedes a chancre, as stated by Dr. Babington, and never appears before the fourth day of the existence of the ulceration.

This specific induration is not always easily detected. The affected part becomes often the seat of a violent inflammation, called by Hunter *common inflammation*, and frequently conceals the induration, which only becomes evident as this œdematous and phlegmonous engorgement disappears. Several substances, such as acetate of lead, chromate of potash, corrosive sublimate, nitric acid, nitrate of silver will produce fictitious or bastard induration, which resembles very much the specific induration, and which it is of great importance to distinguish from the true form. To assist then the diagnosis, the surgeon should, on discovering traces of induration, direct his attention to the groins; in case of true induration there is an almost absolute certainty of finding the sore attended with enlargement of several of the inguinal glands, which may be readily felt, but which never suppurate, unless when accompanied with complications. In case then of enlarged glands, attended with indurated sores, we say the induration is of a specific character; when unattended with buboes, great doubts should be entertained of the specific character of the disease, and we should pause before giving mercury.

All the different regions of the body can be the seat of indurated chancres, though they seem to become more easily indurated in some regions than in others. Chancres on the lip, in the mouth, are most always indurated. I have never yet seen a chancre in the above named regions that was not of this character, and accompanied by similar engorgement of the corresponding ganglia. The thickness of skin and mucous membranes, and the sub-cutaneous and sub-mucous tissues are the seat of the specific induration; wherever lymphatic vessels and capillaries are most abundant, indurated chancres usually prevail, and there the specific induration is better marked and extends more rapidly; the induration generally follows the course of lymphatics, and gives to the latter the appearance of chords. At times the specific induration is not so well marked or so well developed; it is sometimes very superficial. We must be well accustomed to look for it before we can detect it in the thickness of the skin

or of a mucous membrane. This variety gives to the touch the sensation of a piece of parchment.

The induration generally comprises the base of the ulcer; but in some exceptional cases it only effects the edges, then it is annular.

When there exists no complication the induration is abruptly circumscribed by healthy tissues; it is always more extended than the ulceration to which it serves as a base. It is constituted by a hard nucleus, of a cartilaginous appearance, resisting, elastic, indolent and always circular; sometimes this nucleus raises the base of the ulceration above the surrounding healthy tissues, and then constitutes a variety of the *ulcus elevatum*. The duration of the specific induration cannot be well determined. When very superficial it disappears rapidly, but at times I have seen them last for months, for years.

It often happens that the induration re-appears after its disappearance; under these circumstances it is likely to become more extensive than in the first instance.

Specific induration of a chancre is a positive proof that secondary symptoms will follow. It appears to be a period of transition between primary and secondary syphilis. This variety of chancre loses quickest of all its character of a primary ulcer, that is the possibility of secreting transmissable pus. Induration is the best indication for the administration of mercury—it is in fact a *hydrargyrometer*.

We now resume, in a few lines, the description of the indurated chancre, and establish the following propositions:

1. That it is always to be known by a hardness well circumscribed, not diffusing itself gradually and imperceptibly into the surrounding parts, but terminating abruptly, and situated at the base of a sore.

2. That it is always accompanied with an engorgement of several of the inguinal glands.

3. That when an individual has been affected once with an indurated chancre, he is never more liable to a second.

4. That there is no constitutional syphilis possible without an indurated chancre, accompanied by indurated ganglia.

We will now proceed to say a few words concerning the treatment of the different varieties of chancres that we have established.

Before beginning the treatment of chancre, it may be well to mention briefly the means which are at times resorted to for its prevention. To make the assertion that there is no positive prophylactic is rather discour-

aging, but such is my intimate conviction. Anointing the parts with fatty substances previous to connection, the use of a gold-beater skin bag for the penis, serve at times to protect; but, unfortunately, the last is often imperfect, or it may become so while in use; and even if it is not, only a portion of the organ is protected. I have frequently seen chancres at the point of junction of the penis and scrotum in persons who, under certain circumstances, always used the *condom*; and, in the words of a witty authoress, it may be said to be "*Une vraie cuirasse contre le plaisir, et une toile d'araignée contre le danger,*" or likened to a bad umbrella, which partially protects the head, and leaves the feet exposed.

Scrupulous cleanliness is perhaps the best prophylactic. The parts should be washed immediately after connection, with astringents, such as tanic acid, or acetate of lead solution, aromatic wine, etc. These substances have the property of neutralizing the syphilitic virus. Connection should should never be had with suspicious persons, if there be the slightest abrasion of the parts.

Treatment of Chancres.—If chancre be at first a local affection, and dependant upon a specific virus, let us be consistent and direct against it—that treatment which the united profession have agreed to employ against diseases such as hydrophobia or glanders; diseases which are dependent upon a special virus capable of being destroyed in situ, soon after it comes in contact with the animal tissues, and thus prevent absorption and constitutional effects. Let it be said: on this treatment, systematically pursued, are based all our hopes of seeing this dreadful scourge extinguished; whilst on the other hand, in leaving chancres to themselves, we see the eternal preservation of that disease. Let it be proclaimed as an axiom, that constitutional syphilis never follows chancres which have been destroyed in the first five days of their existence; and in drawing the attention of those who expose themselves to this disease, and urging them to destroy promptly and effectually all doubtful excoriations, the extinction of a loathsome affection may yet be attained.

The abortive treatment of *chancre*, like all other advancements in science, has had its detractors among men who are *ipso facto* opposed to progress; consequently, the objections urged against it are numerous. These objections are, however, not serious, and fall before the facts established in the following propositions:

1. When a chancre has been destroyed by cauterization before the fifth day of its existence, it heals rapidly, and never gives rise to constitutional symptoms.

2. When a chancre has existed a certain length of time, and has become indurated, cauterization neither prevents nor favors the general infection. It, then, no longer constitutes an abortive agent, and only serves to modify the ulceration and hasten its cicatrization.

3. It has been urged, that by cauterizing a chancre, a cicatrix was too soon obtained, which deprived the surgeon of a guide in the treatment. The only absolute guide furnished by a chancre, is induration; but when induration exists, cauterization does not destroy it. Therefore, this objection does not hold good.

4. The opponents of the abortive treatment by cauterization, assert that secondary symptoms are in direct ratio to the extent, number and duration of chancres; and still they are silly enough to reject a mode of treatment which limits the extent and duration of a local affection, which is a permanent focus of general infection.

5. That cauterization favors the development of buboes, is an assertion based upon a few statistical observations of Bell, but which experiments and observations on a large scale have incontestably proved to be false; These, let it be remembered, depend altogether on the situation of the sore, and not on the treatment. Cauterization may, like other irritants, produce pain in the groin, shooting down the cord, but it is all sympathetic, and virulent buboes never result.

6. It is curious that cauterization is recommended against all poisoned wounds, such as the malignant pustule, glanders, hydrophobia, etc., and that it occurs to no one to attribute to this treatment the effects most generally produced by these different poisons; whilst for syphilis, enjoying a privilege which no one can explain, has been found an exception, which logic refutes and experiment denies.

The means used by Hunter for destroying the chancre locally, were three in number: nitrate of silver, caustic potash, and excision.

The latter mode is now abandoned, and escharotics are almost exclusively used by the profession at present. Nitrate of silver is most generally applicable, and it will do in the majority of cases, as a great many patients come to the surgeon with excoriations which are not of a specific nature. But although it is useful in abrasions and excoriations, reliance should not be placed upon this escharotic in severe cases, or where pustules or ulcers are formed. In this case the Vienna paste, composed of five parts of caustic potash, five of quick lime, and one of alcohol; or the nitric acid should be preferred. Nine parts of nitric acid to one of water, forms a very good escharotic, which I almost exclusively use; it destroys promptly and

effectually, and brings on a healthy process in the ulceration, which is very necessary when we have important parts to preserve. Its application is attended with severe pain, but this ceases much sooner than after the application of any other escharotic. As a general rule an ulcer should not be too often dressed, in order not to disturb the process of cicatrization: but we must make an exception to this rule in the treatment of chancre in its period of progress; we must recollect that in the secretion of the chancre we have a continual source of infection, which should be removed by frequent dressings. Scabs should not be allowed to be formed, they ought always to be removed by poultices or water dressings.

So long as the chancre presents the character of a specific sore in its period of progress, cauterizations with nitric acid may be repeated; but the instant the period of reparation begins, then should cease the application of all escharotics.

Of all things, let the surgeon lay aside the old system of treating chancre with ointments, and particularly mercurial ointment; the lard soon becomes rancid, irritates and excoriates the parts, and favor the chances of inoculation and extension of the sores.

[*To be continued in following numbers.*]

Case of Retention of Urine,

WITH VESICAL PROTRUSION FROM THE VAGINAL CANAL.

Reported by G. Ridgely, M. D., *of New Orleans.*

On the evening of the 10th of April, I was called on to see Mrs. C., of this vicinity. I found her laboring under considerable pain, with enlarged abdomen, and an almost entire inability to discharge the contents of the bladder. She informed me that she had not been able to urinate, except occasionally a few drops at a time, for several days; that the abdominal distention commenced after the difficulty in urinating had come on; and that she had not menstruated for five or six months — otherwise she was quite healthy. Supposing the difficulty might be caused by the pressure of an impregnated uterus on the neck of the bladder and urethra, I carried my examination no further, and prescribed a catharto-diuretic, and directed the patient to try in different postures of the body to discharge her urine, with the intention of calling early in the morning, to catheterise

her, should it be necessary. On calling in the morning, I found her in the same condition as the evening previous. In attempting to introduce the catheter, there was so much difficulty that it was necessary to make an exposure to ascertain the cause of the obstruction. I found the clitoris much drawn down, and the orifice of the urethra retracted within the vagina, and out of view, the space between those points being much upon the stretch. Below the orifice of the urethra, a tumour presented itself from the vaginal canal, covered with the internal surface of the vagina, protruding between the labia, and putting on the appearance of the vertix of the fœtal head when much elongated by a tedious labor, and passed up into the hogs' back tumour of obstetrical writers. The space between this tumour, and the urethra was free, offering no obstruction to the passage of the finger between them.

This tumour was formed by the lower fundus of the bladder—that viscus being sufficiently distended to fill out the cavity of the pelvis, and cause the protrusion of the tumour from the vaginal canal, and then to mount up into the abdomen, and reach nearly to the xiphoid cartilage.

Upon pressing the tumour a little backwards, the orifice of the urethra was brought into view, and a slight discharge of urine took place. On introducing the catheter, there was a full and forcible discharge of urine, which continued without interruption until the bladder was empty. The latter portion being considerably colored with blood.

The discharge was enormous, filling a large wash-basin and a second one about half full. The quantity of urine discharged could not have been less than eight pints. The bladder returned to its normal state; the vaginal tumour disappeared, and no difficulty returned in voiding urine.

As the woman informed me that she had much pain in passing water, and an unusually frequent desire to pass it, at the begining of the disease, the cause of this pathological condition undoubtedly had its origin in inflammation and thickening of the lining membrane of the urethra, which caused a diminished discharge of urine, and consequently its accumulation in the bladder, causing this viscus to fill up the cavity of the pelvis, and thereby producing compression of the urethra and making the obstruction complete.

I will only remark that this case is a proof of the great distension of which this organ is capable; and that being so greatly distended it is surprising that the distention did not produce more pain than this woman seemed to suffer.

Excerpta.

Inquiries into the Digestive System.—*By C. Bernard.*—One of the most important consequences of the discoveries of M. Bernard, has been the establishment of the doctrine that animals, like vegetables, are endowed with the power of transforming one ternary principle into another, and also of changing quaternary principles into ternary, by eliminating nitrogen from the former, and converting them into sugar and fat; in short, that the power of chemical combination, as well as of chemical destruction, has been conferred alike on animals and vegetables. Other observers have contributed in no small degree to the recognition of this important truth; but the inquiries instituted by Bernard, with reference to the formation of sugar in the liver, have resulted in proving beyond a doubt that such transformation is a constant and habitual process of the animal economy, and that evidences of its operation may be detected in almost all vertebrate, and in a large number of invertebrate animals.

As Bernard has made out some interesting particulars respecting the secretions of the different salivary glands, a cursory review of this subject will, perhaps, form an appropriate prelude to his experiments on digestion and the formation of blood.

The salivary glands, though analogous in structure, secrete fluids which present dissimilar qualities, and seem destined for dissimilar purposes. The saliva formed by the sublingual gland is tenacious and viscid, and is discharged most freely when mastication is completed, and when the first act of deglution is on the point of accomplishment, the performance of which it facilitates by covering the arches of the palate and the alimentary mass with a slippery fluid, which enables the food to slide on more easily to the œsophagus. The parotid secretion is limpid, and without viscidity. It flows freely during mastication, and apparently serves the purpose of dissolving some of the more simple constituents of food, and also of softening the whole mass, for the quantity discharged is proportionate to the dryness or humidity of the provision. The fluid formed by the submaxillary gland holds a middle place between the parotid and sublingual secretions, being neither so limpid as the former, nor so tenacious as the latter. Bernard assigns to it the property of communicating sapid impressions to the nerves of taste, on the following grounds. If vinegar is poured down the throat of a mammalian animal in whom the salivary glands have previously been exposed, the submaxillary secretions alone is discharged freely; and if the horizontal portion of the lingual nerve is divided, and the central extremity irritated, a reflex stimulus is the result, which produces a free flow of submaxillary saliva. But the more profuse flow of saliva from the submaxillary than from other glands, when a pungent fluid is placed on the tongue, or irritation applied to the divided gustatory nerve, proves only that the submaxillary is more under the control of reflected or direct nervous influence than the other salivary glands—a circumstance every way compatible with the revelations of anatomy. It proves nothing at all respecting the peculiar power assigned to this secretion of being the exclusive minister to the possession of taste—a property which it is not likely to possess exclusively, and which, at all events, must be vouched for by other and better experiments before its truth can be accepted in physiology. Bernard found that by boiling a portion of either of the salivary glands, the peculiar qualities of the secretion which it furnished were imparted to water. Boiling a portion of the parotid gave a limpid fluid, endowed with all the properties of saliva; and the same process applied to the sublingual gland, produced the viscid secretion which it naturally affords. In this way he was enabled to demonstrate that the labial and buccal glands furnished a tenacious secretion resembling that of the sublingual; and fishes and reptiles, who possess

neither cryptiform nor conglomerate salivary glands, have their mouths furnished with a mucous membrane that seems to compensate for the want of those organs, for when boiled it communicates a viscid property to water, like the labial or buccal glands of a mammalian animal.

While, however, these secretions exhibit different physical qualities, they are similar in chemical composition, and few substances thrown into the blood escape from that fluid by their intervention. Neither sugar nor salts of iron, nor the ferrocyanide of potassium, could be detected by Bernard in the saliva, after they had been injected into the blood. The sugar which has been found in diabetic sputa is not present in the saliva, but in the bronchial mucus expectorated with it. On the other hand, some salts, such as bromides and iodurets, passed so rapidly into the saliva, as to be able to draw with them salts which, under other circumstances, were not eliminated by this secretion. In this exercise of elective elimination, the saliva resembles the gastric juice, urine, and other secretions, each of which fluids is invariably found to contain certain mineral salts, to the exclusion of others. Some later experiments of Bernard seem to show that iodine and its compounds appear in the saliva almost immediately after their entrance into the blood. The same substances show themselves in the bile and urine, after a long interval; but when all evidence of their presence in these secretions have passed away, they are yet eliminated for some time by the tears, the saliva, and the pancreatic juice. On the other hand, sugar, the ferrocyanides of potassium, and the salts of iron, are excreted by the bile and urine with great rapidity, but never appear in the saliva or pancreatic juice.

The office of the saliva is regarded by Bernard as merely mechanical. It acts, according to him, like so much water moistening the food, and thus facilitating mastication and deglutition. He performed some experiments on horses — which were barbarous, because quite unnecessary — to prove that deglutition accomplished with far less facility when the supply of saliva is diminished or cut off. It is, however, unnecessary to enter at length into the influence of the saliva on food, because Mialhe and Bouchardat and Sandras have clearly shown that it possesses the power of transforming boiled starch into dextrine, and to a slight extent exercise that power, and Bernard admits that the saliva can effect this change, in common with many other fluids, but says that the food passes into the stomach too rapidly for it to take place under natural circumstances.—*British and Foreign Medico-Chirurgical Review.*

Hepatico-renal Circulation.—*By C. Bernard.*—It is well known that during digestion materials are received into the blood which profoundly influence its composition, and as some of these, if allowed at once to circulate, might be injurious to life, and others would exist in excess, and become on that account pernicious, the whole of the blood thus altered is received into special channels, which breaking up into a capillary net-work, submit the returning fluid to the action of the liver, where certain principles are wholly eliminated, and others altered in quality, before it is allowed to pass into the circulation, and minister to the nutrition of the tissues.

The portal circulation is carried on, as we have already seen, in a great measure by the pressure of the abdominal muscles; but inasmuch as it presents a capillary system at each extremity, and as both systems are simultaneously called upon to discharge active duties, the intestinal capillaries receiving supplies from the digested aliment, while the liver is exercising its peculiar powers on the blood thus replenished, it is manifest that congestion of the whole system, hepatic engorgement, and stagnation of the portal blood, would repeatedly ensue, unless some provision existed for diverting the blood from the portal vein before its entrance into the liver, and so affording relief to the tributaries of that vessel during the congestion consequent on the reception and assimilation of fresh nutritive materials. Bernard asserts that this provision is supplied by the presence of vessels which establish a direct communication between the portal vein before it enters the liver, and the vena cava ascending to the diaphragm. He has as yet only succeeded in demonstrating the existence of these anastomoses in the horse, in which, he says, they may be easily discovered, both by injection thrown into the portal

vein, which distends them, and also by the passage of air from the portal vein into the inferior cava, through these very channels. The blood thus transmitted from the portal vein to the inferior cava, charged with new principles, is disposed of in a singular manner. There exists in that portion of the inferior cava which lies behind and is below the orifice of the hepatic veins, a muscular coat of considerable thickness, the contractions of which cause the cava and renal veins to pulsate during digestion, the pulsations not being synchronous with those of the heart. In a rabbit whose abdomen is opened during active digestion, these movements are readily perceived: and in the horse, dissection of the vena cava inferior places the existence of a muscular tunic beyond dispute. But, in addition to this muscularity the inferior cava of the horse presents two valves, attached to its wall immediately below the orifices of the renal veins. Now, the consequences of this arrangement are as follows: During digestion the liver becomes congested, the portal blood regurgitates, and would stagnate but for the existence of channels enabling it to pass into the inferior cava below the orifices of the hepatic veins. The blood thus diverted is not permitted at once to mingle with the general circulation before being submitted to glandular action. The muscular coat of the inferior cava contracts, and greatly diminishes its channel; the impeded blood is thus thrown backward on that ascending from the limbs, but the valves below the orifices of the renal veins prohibit further regurgitation, and it is compelled to flow off right and left by the renal veins to the kidneys, which eliminate from it such materials as are excessive and pernicious; and so the urina cibi is constituted. Meanwhile, the order of the circulation is interrupted by the arrest of the blood ascending from the lower limbs, in consequence of the closure of the valves below the renal veins; but this disturbance is provided for by the existence of the venæ azygos, which receive the impeded blood, and convey it to the superior cava.

Such are the views of Bernard respecting the "hepatico-renal circulation." He adduces three notable experiments to support them. In the first, cyanide of potassium, mixed with carbonate of soda, was introduced into the stomach of a rabbit, and in ten minutes the urine exhibited the characteristic blue, on the addition of a few drops of solution of acetate of iron. At the expiration of half an hour, the animal was killed, and blood collected from both jugulars and both renal veins; the serum from the former furnished scarcely a trace of the presence of the salt, while that from the renal vessels contained a large quantity. A strong blue color was also produced by the application of a solution of iron to the cut surface of the kidney; while a similar proceeding was followed only by a faint tinge when applied to other organs.

In the second experiment, a solution of cyanide of potassium, in the proportion of 20 parts of the salt to 100 of water, was thrown into the mesenteric vein of a rabbit. The urine in a few minutes contained a large quantity of salt, but the animal suffered no inconvenience from its presence in the portal blood. When, however, a solution containing 2 parts of the salt to 100 of water was thrown into the jugular vein, the animal died in a few minutes, before the slightest trace of the poison could be detected in the urine.

A solution of lactate of iron was injected into the subcutaneous cellular tissue on the back of a rabbit, and a solution of prussiate of potash into the cellular tissue of the thigh of the same animal. In a few minutes a blue color was manifested at the spot occupied by the solution of iron. But when the prussiate of potash was administered by the stomach, and the solution of lactate of iron placed, as before, under the skin of the back, no blue color was developed in that situation; and while the urine was found by tests to contain a large quantity of the salt, the serum of the jugular vein manifested but slight traces of its presence.

These experiments prove, according to the author, that the urine formed during digestion is secreted from venous blood; and thus, too, the rapid appearance in that secretion of materials received into the stomach (a phenomenon which astonished Sir Everard Home) may be accounted for. Remembering, moreover, that a large number of animals, such as the reptilia, secrete their urine from venous blood, there is no difficulty in believing that, under certain circumstances, mammalia may form theirs in a similar manner. At the same time, the evidence for the "hepatico-renal circulation" is incomplete, and an extended series of anatomical researches

are requisite to demonstrate in various animals the existence of the three conditions essential to its establishment—viz: direct anastomoses between the vena porta and inferior cava; muscularity of the latter below the entrance of the hepatic blood; and valves below the orifices of the renal veins. The absence of one of these conditions is sufficient to render the hepatico-renal circulation impossible.—*British and Foreign Medico-Churirgical Review.*

Sub-Nitrate of Bismuth in Cholerine of Children.—The "Bulletin of the Medical Society of Poitiers" publishes three cases of cholerine in young children, in which M. Masearel administered the sub-nitrate of bismuth with complete success. The name of cholerine is justified in these cases by the characteristic symptoms, consisting of alvine evacuations of very fetid, whitish, mucous matter, analogous to thick rice-water. There was also vomiting of the same kind of matter. The evacuations were either bilious at the commencement or assumed a bilious aspect at the end of a few hours. Their great copiousness produced very serious symptoms, and sometimes convulsions, attended by very great thirst. One of the children was nine months old, and still at the breast. In this case, there was nothing to explain the cause of the attack. The second, eleven months old, had been weaned two weeks; which circumstance accounted for the cholerine. In the third case, a child of two years of age, dentition was ascribed to be the cause; here the diarrhœa was of the bilious form.

Bread-water or rice-water was prescribed in all three cases, together with emollient fomentations or cataplasms to the abdomen, warm fomentations to the extremities, and the following potion, which constituted the base of the treatment:

℞—Bismuth, Sub-Nitrat.
Gum, Tragacanth, aa, grs. xv.
Aquæ Lactucæ Sativ., ℥ iv.
Syr. Simplicis, ℥j ℳ.

S.—Half a teaspoonful every hour.

In all three cases a marked improvement was perceptible on the following day. The vomiting ceased in a few hours; the evacuations changed first to a yellowish color, then grayish, finally becoming black; fever greatly diminished, and on the fourth or fifth day, convaleseence was entirely established.

Quinic Ether.—A discovery which has lately been made in Italy, and which has excited much attention, is illustrative of the results of perseverance and industry.

In the month of June, 1852, a young man, M. Louis Manetti, a student of the University of Pavia, happened to witness the death of a patient with congestive fever, who died apparently from the impossibility of introducing into his system in a short time a sufficient quantity of quinine. Manetti was struck with the idea that the principle of the bark might be effectually administered through the medium of pulmonary absorption. Encouraged by Professor Pignacca, Manetti began a series of investigations, the result of which are detailed in a letter from Prof. Pignacca to Dr. Stambio, of Milan, a translation of which is found in the "Annales de la Société Medicale de Gand."

Professor Pignaccas has called the new agent for inhalation *Quinic Ether*, probably for want of a better name, for it is not, properly speaking, an ether, and its positive chemical composition is not known. It is a liquid of a special inconstant odor, and is obtained by the distillation of quinate of lime (*quinate de chaux*) combined with alcohol; and is analogous to the etherial bodies in general, volatilizing like them.

Professor Pignacea states in his letter 'that he has administered this fluid by inhalation to eight patients; seven of them had tertian intermittent fever, the last neuralgia of the fifth pair. The neuralgia was of an intermittent type. The remedy acted admirably both in the cases of fever and in the case of neuralgia.

The quantity of the agent given is about a scruple at a time, repeated three or

four times a day. It is administered in the same manner as chloroform, and it produces sensations somewhat similar.

Professor Pignacca concludes his letter by saying: experiments in the wards of the hospital at Pavia are being made by himself and other physicians, and many observations have been collected, all of which will be embodied in a memoir, soon to be published by Louis Manetti.

Remarkable Effects of the Inhalation of Chloroform in Hooping-Cough.—It is surprising that inhalations of chloroform should not have been suggested at an earlier period in the treatment of hooping-cough, one of the purest spasmodic affections in human pathology. Some years ago, Dr. Fleetwood Churchill, of Dublin, recommended inhalations of sulphuric ether, in this affection; but the discovery of chloroform put a stop to its further experiment. The treatment of hooping-cough by chloroform is attended with difficulty in very young children. First, there is no warning of paroxysmal access; secondly, inasmuch as there are eight to ten expirations to one inspiration, the chloroform becomes evaporated before the infant has inhaled a sufficient quantity. [This objection may be easily rectified.—*Ed.*] Finally, young children have a veritable horror of anything coming against the mouth, so as to interfere with respiration, and they struggle against it with all their power. In the case of children, however, from twelve to fourteen years, of reasonable minds, all these difficulties disappear.

Four cases, treated by Dr. Fleetwood Churchill, were in the highest degree encouraging. The first, a young girl, aged 16, who had had hooping-cough for a month, especially severe during the night. She was recommended to inhale a few drops of chloroform upon a handkerchief, when she felt the paroxysm coming on. In two days the shrill sound had disappeared; and the cough subsided in about ten days. There was the same result with a patient aged 20. In the third case, a young lady, aged 18, chloroform was administered from the commencement. The cough was instantly suspended by the chloroform, but three weeks were required for a cure. The fourth case was more severe; the spasmodic attacks were more violent and prolonged; the efforts at inspiration, and the shrill sound, such as to convey the idea that something was about to give way in the chest. The inhalations of chloroform reduced the number of the paroxysms to one-half, but without diminishing the intensity of the remainder. The patient complained of headache after the inhalation, consequently it was discontinued, and two or three minims of the black drop were substituted thrice a day. The improvement effected by the chloroform was permanent.—*Arch. de Méd Belge.*

Miscellaneous.

Physico-Medical Society—*Session, April 15th*, 1854, *Dr. R. Bein, President.*—Dr. McKelvy reported some cases of cholera and typhus fever. Dr. Fenner mentioned having met with a few cases of cholera, and had treated an unusual number of cases of delirium tremens. In the treatment of a case of sciatica Dr. F. had found benefit from the use of strychnine. In a severe case of dysmenorrhœa Dr. F. had found much service from the internal use of chloroform and camphor; had also found it an efficient agent in the treatment of delirium tremens. Dr. Cenas remarked that he was in the habit of using chloroform by inhalation in dysmenorrhœa and neuralgia; in difficult labor, accompanied by great rigidity of the mouth of the uterus, Dr. C. had found its relaxing effects of much service. Dr. C. report-

ed a case of rheumatism which had been much relieved by the application of bandages of India rubber cloth, after other treatments had failed.

Dr. Browning announced that he had found artificial respiration of much service in the case of a child born after a tedious labor. Dr. B. was obliged to continue it for some time before any apparent effect; eventually the child did well. Dr. B. also reported a case of paralysis, dependant, he thought, upon an organic affection of the kidneys—the case was much relieved by acids and strychnine.

Dr. Compton mentioned some cases in which chloroform had produced much convulsive action, accompanied with great rigidity; by the abstraction of a small quantity of blood these effects always passed off. In a case of dislocation of the shoulder joint, Dr. Browning remarked that he had found this rigidity so great under the use of chloroform that he had to resort to other means before effecting the reduction.

Dr. Compton reported a case of labor, in which, after delivery, a large accumulation of wind had rapidly taken place in the bowels, the patient sank, unrelieved by the usual remedies; in such cases Dr. C. thought puncturing the intestines through the parietes of the abdomen would be justifiable.

Professor Riddell announced that in accordance with a plan which he had formed several years ago, he was now engaged in the construction of a new kind of objective for the microscope, which seemed to promise superior results. It is simply an elipsoidal or paraboloidal reflector, made of homogeneous glass. The annexed figure represents a vertical section.



The dot at O, shows the position of the focus of a parabola, or one of the foci of a very long elipse. At or near this point, the object to be viewed is to be placed. Concentric with this point the lower end of the glass paraboloid is removed by a hemispherical concavity, to an extent sufficient to give working focal distance. A and C are sides of the paraboloid. M N, the upper limit of of the glass, a transverse section, which is either plane or slightly concave.

Rays of light emanating from points near O, enter the paraboloid below, without sensible refraction; they impinge upon A and C, and suffer total internal reflection, and then emerge without disturbance at M and N, to be ultimately received by the field glass of the occular.

Prof. R. acknowledged that the mechanical execution of such objectives would be considered as beset with difficulties. The thought, however, that the methods he had devised and the means he had carefully provided, would enable him completely to overcome them.

For use in his binocular microscope, Prof. R. proposes to make this objective in two vertical halves. With ordinary (not erecting) eye-pieces, the binocular image produced by it will be both erect and orthoscopic.

CHARITY HOSPITAL.

The admissions into this institution for the past fifteen days have been comparatively less than usual. No operations of importance have been performed and with the exception of two, for fistula in ano, there is nothing under this head to report. There have entered into the hospital a few interesting cases since the issue of our last number, a notice of which we give, together with a mention of two or three post mortem examinations of considerable interest.

In the surgical wards the following cases may be noticed:

A patient entered with concussion of the brain and injury of the petrous portion of the temporal bone, right side; there was considerable hemorrhage from the meatus, afterwards a discharge of pus. The patient was ptyalized and blisters applied to the mastoid. He is now recovering.

A case of simple fracture of the shaft of tibia, three weeks standing; has been treated with the fracture box; in consequence of much inflammation it was not thought prudent to apply a starch bandage.

A case of stricture of the urethra, seven years standing; strictures extending from the membranous portion nearly to the meatus. The man was treated with the admirable instruments of Mr. Wakley; and can now introduce a number ten catheter himself. A report of this case will be given in an ensuing number of the journal.

A case of fractured clavicle treated by Desault's bandage.

In a case of hydrocele, operated on a week ago, a tendency to gangrene has been observed.

A case of dislocation of the humerus downward into the axella, resulting from a fall on the shoulder. It was easily reduced by extension and the heel in the axilla.

A case of compound fracture of tibia, three weeks standing, the fracture was reduced and the patient's leg placed in a pillow with lateral splints, and cold water dressings used until the external wound healed and inflammation partially subsided. The starch bandage was then applied, with lateral strips of pasteboard. Although but three weeks has elapsed the patient is up on crutches, and protected by his starched apparatus can even bear considerable weight on the affected limb.

A case of epididymitis, of a months standing, the patient had been treated in a variety of ways without much relief. Compression by means of adhesive straps was begun about a week ago, and the case is now well. Pain in the testicle ceased almost immediately after the application of the straps.

A case of stricture of the urethra complicated with fistulous openings at the junction of the scrotum with the perineum. This is being treated after the manner of Civiale, with the simple wax bougies. The results of the treatment will be detailed hereafter.

A case of epileptic convulsions. The subject is a Swede, 32 years of age; he received a fracture of the left parietal bone, near the anterior inferior angle, six or seven years ago. He states that at the time of the accident he was stunned, but soon recovered from the shock, with loss of vision of the left eye; this has persisted. From that time he has never had convulsions until he entered the hospital. They are now frequent, occurring three or four times daily.

A woman entered the hospital a few days since, who had been gored by a cow. The horn entered the mouth, passed through the hard palate and made its exit immediately below the eye, tearing out through all the intermediate hard and soft parts. She presented a terrible aspect. The antrum was opened, a large portion of the superior maxillary bone was destroyed, together with the greater part of the malar bone and base of the orbit. The left side of the face was completely lacerated. The fractured bones were removed and the soft part brought together as well as possible. The patient's condition is very unfavorable.

A case of compound fracture of the humerus, accompanied with gangrene of the lower third of the limb, there is also swelling and fluctuation in the forearm, owing probably to deep seated pus. The treatment of this case consists in generous diet, tonics, and lotions of chloride of soda.

A case of caries of the patella and extremity of the right femur, attended with much swelling; a free incision with the insertion of a seton has been of much service. Injections of quinine and tanic acid were also used with a supporting treatment. Patient doing well.

A case of penetrating wound of the thorax, with a wound in the lumber region, the wound of the thorax is situated between the sixth and seventh ribs, four or five inches from the sternum. Bleeding and the use of opiates has been the treatment in this case. Metalic tinkling is distinctly heard in the vicinity of the anterior wound. Patient doing well.

Case of fistula in ano, operated on two weeks ago, is doing better. An ointment of nitrate of silver has been of advantage in this case.

A case of fracture of the middle of the humerus, doing well. Case of oblique fracture of the lower third of the tibia, of fourteen days standing, treated with the fracture box — doing well.

A case of fracture of the upper third of femur, of forty-two days standing, treated with a modification of Boyer's splint, is doing well.

In the medical wards there have been and are several cases of interest.

Three cases of pneumonia, which entered in the second stage, treated with blood letting and mercury, are almost well.

A man entered the hospital on the 23d of March, with rheumatism of left knee. The only thing complained of was pain in this part. The patient was intelligent and well able to explain his symptoms. His appetite was good, bowels regular, pulse and respiration normal. He died suddenly on the 24th of April.

On a post mortem examination being made, the thoracic organs were found to be healthy, the liver and kidneys presented nothing worthy of notice; the spleen was atrophied. Between the abdominal walls and peritoneum and extending over a considerable surface, was found a large flat coagulum. There was also a considerable quantity of coagulated blood in the cavity of the peritonium. On removing the abdominal viscera, a large tumor was observed, situated on the left side of the vertebral column, and extending from about the eleventh dorsal, to the fourth lumbar vertebra, its antero-posterior and transverse diameters could not have been less than six inches. On opening the tumor an enormous coagulum was removed, and the existence of an aneurism of the aorta verified. The tumor had produced extensive caries of four of the vertebræ, leaving intact the inter-vertebral substances.

This case is remarkable on account of the gravity of the lesions which existed, and the absence of all prominent symptoms, which might lead to a correct diagnosis. It is also an evidence of the importance for a correct diagnosis, that the bed clothes should be thrown off the patient, and a complete examination of the whole body made.

A patient entered the hospital a short time since, with symptoms of chronic gastro enteritis; he left after a short time in a sufficiently satisfactory condition. In a few days he returned to the same ward complaining of a violent pain in the abdomen. There was much tympanitis, and the slightest touch produced pain. Peritonitis was diagnosed. The patient died. On post mortem examination, besides the usual signs of peritonitis were found, numerous deposits of tubercular matter throughout the liver. These deposits were of all sizes, from a granule to a pigeon's egg and in the crude state; the lobus spigelia of the liver was almost completely transformed into a tubercular mass. The lungs were healthy, with the exception of a large cicatrix in one of them, probably the mark of a pre-existing tubercular deposit. The mesentery was infiltrated throughout with tubercular matter.

There are three or four cases of articular rheumatism treated antiphlogistically, which are recovering.

Charity Hospital Reports.—From April 13th to April 28th, inclusive:

Admissions,	298
Discharges,	280
Deaths,	46

Births—Males, 4; females, 2.

Notices of Exchanges.—We have received the following medical journals in exchange, viz: The American Journal of Medical Sciences, edited by Isaac Hays, M. D. The Boston Medical and Surgical Journal, edited by J. V. C. Smith, M. D., and G. S. Jones, M. D. The Eclectic Medical Journal, conducted by Doctors R. S. Newton and Jos. R. Buchanan, both Professors in the Eclectic Medical School of Cincinnati. The New Hampshire Journal of Medicine, edited by Geo. H. Hubbard, M. D. The Philadelphia Medical and Surgical Journal, edited by James Bryan, A. M., M. D. Also the January and March numbers of the Charleston Medical Journal and Review, edited by Doctors D. J. Cain and F. Peyre Porcher.

We are indebted to the politeness of Doctor Wm. Bolling, of Montgomery, Ala., for his essay on the "Mechanism and Management of Parturition in the Shoulder Presentation," and also to Horace Green, M. D., of New York, for a copy of his memoir on the subject of "Priority in the Medication of the Larynx and Trachea."

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. MAY 15, 1854. NO. VI.

It is becoming a serious question to all interested in the education of young men for the profession of medicine, whether the constantly increasing number of medical schools has or will in any way raise the standard of medical acquirements. That there are many colleges, which from their situation and the advantages they offer to the student, are valuable aids in the proper acquisition of medical knowledge there can be no doubt, but it is apparent that the majority of the schools from their very locality, their limited materials, and their modes of teaching, are of serious disadvantage to students in inducing them to spend time and means in acquiring, not what would be called a proper preliminary medical education, but a certificate to practice medicine.

Diplomas have ceased to give exclusive rights to physicians, properly so called. The public have a just and proper privilege to select their own attendant in sickness; and in preferring the uneducated and ignorant charlatan to the regular medical man, they simply exercise a judgment which finds it difficult to draw the distinction between them. It is not by legal enactments, granting exclusive privileges to physicians, that the public are to be-forced to make this distinction, it is rather by the proper education of the medical man, that his character and his attainments may stand in violent contrast to the pretender. Diplomas should be considered as testimonials of proper education, conferring honor, not granting license. To the public they should be evidences of qualification in the highest sense of the word; and until medical schools reform their manner of teaching and present to the public men educated to meet the exigencies of one of the most difficult of all professions, the opinion and judgment of the people will ever be at fault.

We are conscious that schools do not of themselves make the accomplished physician. Upon the pupil himself depends the achievement of renown in his calling; but upon the teacher depends the instilling of correct principles, and the proper application of his knowledge and his materials, to guide the student in the acquirement of a good foundation for future excellence. Does it not appear to the calm and unprejudiced observer that in the elementary education of medical men there is something radically wrong; the shadow without the substance; the theoretical, not the practical? Should colleges exist or come into existence without the proper advantages for medical instruction? The stimulus to exertion we know to be honorable competition, but that the establishment of petty schools in remote regions, is a competition of the proper character we very much doubt. It is only in cities where large hospitals exist, that medical instruction becomes of value, by giving to the student that practical knowledge to be gained in no other place and in no other manner but in a constant association with disease in its varied forms. In such places the honorable competition of schools tends much to advance our art, much to improve the student; and it is in such situations that we look for that improved method of teaching which is most conducive to the usefulness of the medical man. That there is at present a strong tendency in most schools to what may, in the illusive sense of the word, be termed transcendentalism, no observer will doubt; and in this forgetfulness of the practical, "the reading from the desk to hide the want of personal knowledge," the library and its book-shelves, in lieu of practical instruction among the sick, lies their great error. They seem to forget that their object is to teach modes "of appeasing pain, of repairing injuries, of controlling disease, of averting death." Instead of teaching the laws of life, of structure in action, in a word, of function, we find them giving learned lucubrations on "caudate cells," "epethelial scales" and "basement membranes." Whilst the student thus lives (we are quoting from a celebrated clinical instructor) in a world of invisible "nuclei" and "nucleoli," it would be a heresy to sound upon his ear that although the "homologies" may be right, a knowledge of regional anatomy will be occasionally found useful in practice — that though "cells" are worthy of consideration, yet not the less so is the knowledge of the course of a large artery and of its contiguous parts.

The practice of medicine is not to be taught in this way; the lecture room is only of service in those other departments of science which can be learned in no other place. The knowledge and treatment of actual existing dis-

ease, "its modes of acting different from the natural and healthy modes, its modes of disorganizing, its modes of suffering and its modes of dying," can only be understood, only appreciated, by being in its presence. The practice of medicine can only be acquired in hospitals, in dissecting rooms, in being near the body "in its weakness and in its infirmities;" by studying it "in its sleeping and its waking moments, to mark its hunger and its thirst, its heat and its cold."

"Lecture after lecture," to use the forcible language of a writer upon the education of medical students, "upon the refinements of auscultation, percussion and palpation; hour after hour of wire-drawn discussions on lactic and uric acids, urea in the blood, fat globules in the kidneys, fatty degeneration, fibrinous deposits, and cancer cells, consume the time that should be spent in demonstrative clinical illustrations in the very wards of the hospitals."

We have no want of appreciation of these subjects, no objections to their proper study at proper periods; but we object to the tyro in medicine having his time occupied upon subjects which he can better grasp when the principles of his profession have been properly inculcated. Give to him the practical knowledge which will enable him to recognize and control diseases as they are presented to him in after life, and let the abstractions of his profession be the study of his closet; but when by the couch of the wounded, the sick and the dying, let him feel that he is exercising his calling with the clearest views, the highest motives, and to its noblest purpose. We ask for students practical teaching at the bed side, a knowledge of what precedes death, a knowledge of what follows it; give him the proper insight into morbid processes going on in disease, instruct him to understand them in life, to recognise them when the soul has left its dwelling place. Let medicine be taught him, too, in a language that can be understood. Dispense with the "homologies," the "histologies," and "odontographies" of the advanced scholar; the stately phraseology that clouds without convincing; the vicious language "that no man ever hears from his mother or his nurse; a language in which nobody ever quarrels or drives bargains, or makes love, a language in which no one ever thinks." In clinical teaching alone the great practical relations of our art are found, and in no other way can we acquire that power and knowledge which all speculative medicine, past and to come, is impotent to afford.

Observations upon Primary and Secondary Amputation:

By Warren Stone, M. D., *Professor of Surgery, University of La.*

The principle of immediate amputation, although beyond all doubt correct, has caused the loss of countless limbs unnecessarily, and, I believe, of as many lives as it has saved. The error evidently is from over estimating the security afforded by primary over secondary amputation. The first duty of the surgeon certainly is to secure if possible the life of his patient; and the second, to preserve as much of his person in as perfect a manner as possible. In the anxiety to fulfill the first duty, by over estimating the security which amputation affords, limbs are often sacrificed that are curable, and by disregarding the proper time for amputation, a life may be lost that would have been safe without an operation. In severe injuries of the extremities, if fatal, death is produced either by the concussion, or subsequent pain and suppuration which exhausts the patient; or it may occasionally be from tetanus or gangrene. Against the first cause of death, amputation affords no security, on the contrary it favors it. The question of amputation before reaction, I believe, is settled by every American surgeon of experience in the negative. This subject was sharply discussed in England on the occasion of the death of the celebrated statesman, Huskinson, who had both legs or thighs crushed on the Liverpool and Manchester Railroad. The Liverpool surgeons attempted to bring on reaction, but every means failed, the concussion had thrown him into a fatal collapse. The London surgeons took the matter up, blamed the Liverpool surgeons, and urged that immediate amputation should have been resorted to, and talked nonsensically of the stimulus of the knife. When one hears such reasoning, he feels the truth of the remark, made by some one in the last century, that surgeons were bad pathologists and worse physiologists.

In severe injuries, where the patient is thrown into collapse and amputation is necessary or unavoidable, if the case is critical, it is a nice point to decide when, exactly, it can be performed with the most safety. If the patient were in great agony and amputation could relieve it, there could be no doubt of the propriety of amputating at once, no matter what the state of the pulse might be; but this is not the case, the shock has been received, the mischief has been done, the parts are in a measure paralyzed, and no very severe pain takes place until reaction. The question in such cases is, whether the injured limb is a greater source of pain than the stump would be after amputation, and considerable allowance should be made for the

shock of the operation. The discovery of chloroform enables us in a great measure to avoid the shock of the stimulus of the knife, but not entirely. My experience is, that when amputation is unavoidable, it is best to do it as soon as reaction has fairly commenced, while the patient is under the influence of the first shock of the injury, the pulse flickering, etc.; any disturbance of the system, pain or loss of blood, might cause a fatal collapse in a case that would be perfectly safe managed with tact and judgment. By reaction I do not mean a full resistant pulse. The nervous system receives the shock and is the first to react, as is shown by the increased sensibility and improved capillary circulation, before any perceptible improvement in the pulse is observed; this, however, soon follows, and the pulse becomes more steady. When the system is suffering from a severe injury it is often the case that stimulants do not act as such when put upon the stomach. In extreme cases, when the patient is in danger from collapse, it is evident to me that the stomach does not absorb, but is nauseated, and all the depressing effects of nausea are produced. The rectum can scarcely be said to sympathize with the system in general, and always preserves an active absorbing surface. Stimulants given by injection produce a ready effect, and I always use my stimulants in this way where the patient is in danger, even when he is perfectly able to swallow, for they are much more prompt and effective. If too long a time elapses, after an injury, before amputation, the sensibility of the limb, which at first was partially paralyzed, becomes highly exalted, and although we can, by the use of chloroform, prevent the shock from the operation, we have a fresh wound in parts in a morbid state; the stump is much more painful, and as a general rule does not do as well as when the operation is performed earlier. By the above I mean a state of the parts before any decided inflammatory action has taken place, and my firm conviction is that where no large joints are involved, or parts injured that will give extreme pain to the patient, he will have a better chance for his life if we give him a chance for his limb also, even if we have to resort to secondary amputation; I mean if the most favorable period for operating has passed.

A limb cannot be removed in hale, robust subjects, without risk, and the stump after amputation, in general requires as strong an effort of nature for a cure as a severe compound fracture.

My rule, for years, has been, in injuries of the lower extremeties, to attempt to preserve the limb in all cases where the circulation is sufficient to nourish the parts beyond the injury; unless the injury is such that the

limb after the most favorable result, must be worse than an artificial one. For injuries of the upper extremeties, where the injured parts can be nourished, it can scarcely be necessary even to amputate. If the joints are destroyed, reset them, if the hand is lacerated, trim off what is loose and must inevitably be lost, and leave nature to preserve as much as she can. The fear of tetanus should never bear any weight in favor of amputation, for it is plain that wounds only produce tetanus when there is a peculiar state of the system ready to take on the disease from slight cause. In some seasons there appears to be some predisposing cause operating, and cases will occur from slight wounds, from exposure to cold, and even without any apparent exposure. Again, a long time may elapse in which wounds and exposures of all kinds fail to produce this disease. If this predisposition exists, the face of a stump, with all the nervous extremeties exposed, is quite sufficient for an exciting cause. My experience is, that wounds that have been followed by tetanus have not been remarkable for being painful, or the subjects suffering from them for being nervous and irritable. The dull negro, the phlegmatic German, and the potato-fed Irishman, have been more subject to it than the excitable Frenchman or well fed, vigorous and energetic American, according to my observations. The most successful treatment is such as is calculated to sustain the system and promote innervation. Gangrene, also, is a termination not to be contemplated, for if the circulation is cut off there is cause for amputation, and if not, mortification will not occur unless the constitution is such that no favorable result could be expected from any course of treatment. I may observe that where gangrene does occur there is too much haste generally in amputating. The rule laid down, to wait until the line of demarcation is formed between the dead and the living, should not be interpreted to mean that amputation should be performed as soon as this line is observed. The constitutional symptoms generally subside when gangrene is arrested, and if the patient is properly supported he will rally, whereas if amputation is resorted to just as the system is overcoming a great difficulty, it receives a shock, a fresh source of irritation is produced, and the patient that would have been safe in the hands of nature, may die by the hands of the surgeon. In such cases the question should be, whether by operating we are removing or creating a source of irritation, whether the condition of the patient will improve or fall off by waiting? This question is easy of solution.

I could bring a vast number of cases in proof, but cases, although they may be interesting in themselves, are but feeble testimony in favor of any

theory. Any one who has had large opportunities for observation, can, with a little ingenuity, select cases that will favor any views he may adopt. The one who makes the observation is the most competent to draw the conclusions, and if they are not correct, the cases cannot be relied upon. Perhaps I have not proper respect for statistics, but the truth is, they are generally got up to prove some preconceived notion, and they are sought for with very much the spirit of the lawyer who is seeking by all means to procure testimony to prove his case. When I was house surgeon of the Charity Hospital, a friend of mine, who was always engaged in collecting statistics, always exclaiming we want facts, we want figures, being about to write a pamphlet or deliver a discourse on temperance, called at the hospital for statistics, and taking the annual report of deaths with the list of diseases, commenced guessing at the number of those set down opposite each disease which might have been caused by intemperance. I suggested that by making a single guess at the sum total we would gain time; but it was objected to as not being so correct, and the whole catalogue of diseases were carefully estimated, one by one, and a sum total made out. The earnestness with which it was done, and the evident consciousness of having arrived at the truth, made it amusing.

I will mention a case, it being interesting in showing the recuperative powers in young subjects, whose constitutions have never been abused.

An English sailor lad, about fourteen years of age, was admitted into the Charity Hospital in March, 1852, for compound comminuted fracture of the right forearm. He was laying on the forecastle of his ship, when the anchor was cast and his arm was caught in the chain and fractured as above stated, and the soft parts were terribly lacerated; his lower jaw was broke, and he was otherwise injured, but not seriously. Upon examination I found that the arteries were not lacerated; that his constitution was robust, and according to my custom determined to attempt to save the limb, accordingly it was placed in an easy position upon a pillow and water dressings applied. It is unnecessary to go into particulars in this case; copious suppuration took place, but no very serious constitutional symptoms followed. My winter term in the Hospital ended in April, and I was succeeded by Dr. Compton. Suppuration became very copious, and the bones becoming necrosed, Dr. Compton removed them. The entire ulna was removed, and the whole of the radius, with the exception of about an inch of the carpal extremity. The periosteum was mostly separated from the bone,

and consequently left; osseous matter was thrown out so as to give firmness to the arm, and he recovered, with tolerable use of his fingers and some motion at the elbow. He was in the hospital ten months, but might have been discharged long before if he had had any means of support.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord.

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. VI.

If, as we have said before, it be proper to remove from the surface of a chancre the pus secreted by it, it becomes still more urgent to use such remedies as will tend to diminish the quantity of purulent secretion. Dry lint may serve this purpose, but of all applications, the one which has succeeded best in my hands, is the aromatic wine, composed of

Aromatics, 2 parts;
Red Wine, 16 parts;
Alcohol, 1 part.*

The chancre should be well washed with this liquid, then covered over with lint, which should be also sprinkled with it. The lint should not be saturated with this wine, for then the maceration which it would produce would retard the good effects of the treatment. The dressing should be repeated three or four times a day; and on the removal of each dressing the lint should again be sprinkled, in order that the ulcer may not be made to bleed. This aromatic wine has the property of diminishing the purulent secretion; it favors the cicatrizing process by modifying the virulent sore, and by acting on the surrounding tissues as a powerful astringent; it so tans them that successive inoculations never occur.

If it be inconvenient to obtain the aromatic wine, other astringents, such as decoction of oak bark or tanic acid, both of which are good applications, may be used. If the chancre be irritable and painful, an aqueous so-

*According to the French Codex, the *Espece Aromatique*, used in the above composition, consists of equal parts salviæ, thymi, serpilli, hyssopi, menth pip and majoran, absynth. Of a mixture of these, two parts are used in the composition of the aromatic wine.

lution of opium may, with great advantage, be added to the wine or other astringents. Sometimes it becomes necessary to discontinue the use of the applications recommended above, for they may entirely stop the secretions of the sore, and thus render the ulcerations indolent; in this case, emollient applications should be substituted for a while. When the chancre is indurated this treatment should not be used, for it increases the induration, and thereby prevents cicatrization. When, by cauterizations, together with the above treatment, chancres are reduced to simple ulcerations, then they come under the head of ordinary ulcers, and should be treated accordingly.

In simple chancre, without complications, a local treatment is all that is necessary. During the course of the treatment rest should be enjoined, together with an hygienic treatment, in accordance with the constitution of the person affected. In strong, plethoric individuals, inclined to inflammations, a mild antiphlogistic regimen should be recommended; whilst a tonic and invigorating treatment should be used in weak, lymphatic temperaments. Beyond this no other constitutional treatment should be made use of; and here I must loudly protest against the general practice which indiscriminately prescribes a mercurial course for all varieties of chancres. Where lies the necessity of administering mercury in all cases of chancres, when experience clearly proves that the large majority of primary sores are unattended by constitutional syphilis? If mercury thus administered prevented absorbtion of the virus into the system, then might we appropriately give it; but the idea of its acting as an antidote in the circulation, seems to be founded on no truth whatever. Let it, however, be clearly understood, that these observations do not apply to the Hunterian or indurated chancre, which requires both a local and a constitutional mercurial treatment. A correct diagnosis (though sometimes attended with difficulties) should always be made; it is of the greatest importance, as what may be good for one variety of sore is often detrimental to another. Experiments have indicated the propriety of the local treatment of uncomplicated chancres, and experience has sanctioned it, to the almost entire exclusion of all others.

We will now examine, in a therapeutical point of view, the different varieties of chancres which we have established.

1. *Gangrenous Chancres, by Excess of Inflammation.*—The treatment of this variety of chancre should be directed against the inflammation, which has given rise to it. The surgeon's whole attention should be

directed towards this phenomenon, and the means employed be proportionate to the degree of intensity. The cause of the complication should be removed, if possible. Saline purgatives may be administered to advantage. If depletion should be found necessary, leeches in sufficient number may be employed, but at a proper distance from the sore, for fear that the leech bites should become the seat of so many chancres. Lotions of cold water, and strict attention to cleanliness, are of the first importance. In this variety preparations of opium, both locally and internally, are very useful.

In cases where, in spite of a well-directed treatment, gangrene extends, then we should direct against it the treatment generally resorted to in ordinary cases of gangrene. When it is the consequence of phimosis, this complication should be immediately relieved by passing a director between the glans and prepuce, and dividing this last with a bistoury. The free flow of blood that follows, unloads the vessels, and the secretions being no longer allowed to remain confined, the gangrene is often arrested, but sometimes it will continue; and it is better to apply the aromatic wine, together with a solution of opium, and allow the disease to take its course.

When paraphymosis occurs as a complication in the inflammatory chancre, reduction may be tried, but in the severer forms it is better not to attempt it; the manipulations would only tend to aggravate the inflammation. In such cases instant relief should be given, by cutting through the thickened and swollen edge of the prepuce behind the glans penis on the median line, and then through the contracted part, so that it may be divided to the length of an inch.

Phagedænic or Serpiginous Chancre.—The treatment consists, in the first place, in removing all causes which may have tended to its production. Our first care should be the general health of the patient; purgatives should be administered, in order to clear the primæ viæ; if the appetite be restrained, tonics should be used. Without attention to these things, all other remedies will not avail. If a scrofulous or scorbutic diathesis be present, proper remedies should at once be used against them.

Let it be borne in mind that the syphilitic virus is always identical, as much so as that of small pox; and that the different appearances which it may assume are all owing to individual idiosyncrasies, and then a rational plan of treatment will be applied to them. I can positively affirm that in almost all cases an indiscriminate use of mercury, either local or general,

has produced the most unhappy effects. I have often, unfortunately, witnessed its bad effects, when given by persons who still believe in its efficacy. The irritability is increased; the patient, already reduced, finds his powers sinking and phagedœna progressing. Upon this question, fortunately, the majority of surgeons here agree, and experience and practice go hand in hand. I have seen many sink under the use of mercury, thus lavishly and injudiciously given. The mischief and danger are not confined to the primary symptoms; if secondary symptoms follow, they will assume the most violent form. On the other hand, those very cases where these bad effects have been produced, if mercury be discontinued and tonics given, they rapidly recover.

The medication which is attended most frequently and promptly with favorable results, is the combined use of cauterizations and applications of aromatic wine, or better, the following solution:

Ferr. potass. tart., ℥i.
Aquæ, : : ℥vj.

Cauterization with nitric acid should be deep, and repeated sometimes twice a day, in order to follow the disease in its progress, and the dressings repeated often, for the secretion of these chancres is sometimes excessive.

If the local inflammation be great, and blood letting found necessary, leeches should be applied, but at a certain distance from the chancre, for the reasons above stated. If there be great irritability attending them, an aqueous solution of opium should be added to the wine or preparation of iron. Superficial cauterizations with the nitrate of silver has been in my hands a most valuable means of allaying pain and irritation in those cases. To recapitulate, then, the treatment of the serpiginous variety of chancre: remove, if possible, the predisposing cause, prescribe a general tonic treatment, cauterize with nitric acid, and dress with a solution of tartrate of potassa and iron. If there be much irritability, an addition of opium to the solution of iron, and superficial cauterizations with nitrate of silver, will be proper.

Indurated Chancre.—We will here speak only of the local treatment of this variety of chancre. The chancre being already indurated, cauterization is no longer necessary. The induration, one of the essential characteristics of the Hunterian chancre, is a condition which should never be lost sight of, as regards treatment: for, though it be incontestable that the ulcer is often cured by various modes of treatment, and at times heals of its own accord, the induration still persists, even after cicatrization has taken place, and we know already what will be the consequences.

Very often, however, the induration, in its tendency to increase, prevents cicatrization and takes on a phagedænic appearance. This variety of chancre is seldom accompanied by pain or inflammation. In the majority of cases these indolent ulcers should be treated with an ointment of white precipitate, (one drachm to the ounce.) If there be irritability produced by the appearance of gangrene, a strong solution of opium may be used to a great advantage. All exuberant granulations should be kept down by superficial applications of nitrate of silver.

The difficulty of curing the indurated chancre by the ordinary medication, and the good effects of mercury in its treatment, have been the principal grounds for considering it as the only type of primary syphilis, and mercury its only specific.

If the chancre be situated in the urethra, we should treat it exactly on the principles spoken of in preceding pages. Cauterizations by means of Lallemand's porte caustique, and astringent washes, should be employed. Much relief will be found by anointing the parts with oil before micturation, as the surface will be shielded from the irritating properties of the urine; the lips of the meatus should be kept separated by lint.

When symptoms of acute blennorrhagia accompany the urethral chancre, the treatment should first consist in allaying by ordinary means the inflammatory symptoms. Erections should be guarded against, for by distending the parts the ulcer is eroded, torn, and thereby made to increase. Pills of camphor and opium, and cold lotions to the parts, are the best means to prevent these erections.

[*To be continued in following numbers.*]

Case of Stricture of the Urethra

TREATED WITH WAKLEY'S INSTRUMENTS.

Reported by Mr. J. J. Castellanos, *Resident Student Charity Hospital.*

G. S., aged 30, a native of Baltimore, sanguine temperament, light hair, delicate constitution, entered Ward No. 5, Charity Hospital, now under charge of Dr. Hunt, Visiting Surgeon, on the 2d of March, 1854. He had intermittent fever at the time, but complained principally of a burning sensation in the region of the bladder and difficulty, at times, almost amount-

ing to impossibility in voiding his urine. Nine years previously he had contracted blennorrhagia, and since that time has had, more or less, a continued thin gleety discharge from the urethra. Several years since he was treated by Dr. N. R. Smith, of Baltimore, for stricture; gum elastic bougies were used for some time with a little benefit. He soon after contracted a chancre, followed by a bubo, and for some months his stricture was neglected. He has been treated several times within the past two years by different physicians, with no very satisfactory results. He lately fell into the hands of quacks, who mistreated him until he finally concluded to enter the hospital.

His condition was at this time quite unfavorable; he had diarrhœa, and was much emaciated. He passed his water in an exceedingly small stream and with much pain.

He had several strictures extending from within an inch of the meatus to the membraneous portion of the urethra, and the smallest instrument used could be introduced only with the greatest difficulty.

Dr. Hunt, an advocate of the comparatively new instruments of Mr. Wakley, for stricture, determined to make use of them in this case, the favorable termination of which sufficiently attests their value.

It may not be inappropriate to give a brief description of these instruments and the manner of employing them, as there are perhaps many physicians who are not familiar with them. They consist of: 1st, A small silver No. 2 catheter; 2d, A steel rod of the size of the catheter, six or eight inches long, and screwing into it; 3d, A series of straight silver tubes, graduated sizes, and eight in number; they are nine inches in length, conical at one end, and furnished with two flat projections at the other, which gives facility in handling them; 4th, A few elastic tubes, graduated, made of flexible metal, covered with a gum elastic fabric, tipt with silver, and an ivory lip. These tubes are so constructed as to fit accurately over the No. 2 catheter.

The manner of using the instruments is as follows: The fine catheter is first introduced into the bladder, and the steel rod screwed into its projecting end, this completes what Mr. Wakley calls his index rod, and is the guide for the instruments which follow. An elastic tube is then chosen, if the stricture be near the bulb, of the proper size, which is made to slide down over the rod until the obstacle is reached; the surgeon then makes use of the requisite degree of force and the stricture is passed. The straight silver tubes are used in cases of strictures confined to the upper portion of the urethra.

The great advantage of these instruments over any others of the kind, consists in the fact that forced dilatation can be made with a certainty on the part of the surgeon that his instrument is following the right direction. There is no danger of making false passages. If the director be once introduced into the bladder, the instruments which follow, fitting down upon it, must take the right course.

The case treated by these instruments was entirely relieved after a third introduction of the instruments. The man can now pass a full sized catheter with ease; the irritability of the bladder has ceased, and he is about to be discharged cured.

Singular Complication in Yellow Feber:

Reported by Herman Foerster, *M. D., Physician to the Casa de Salud San Carlos, Havana.*

In the beginning of this year I saw for the first time a remarkable case of febris flava, which was the more interesting as I had previously heard of other similar cases from Drs. S. and B., head physicians of the San Carlos Hospital of this place. Mr. C., Captain of an American vessel, entered the Casa de Salud for treatment, on the 23d of March. A few days previous he had had general lassitude and loss of appetite, etc., which, however, did not give him much alarm. He took several doses of castor oil and epsom salts, without any relief. From the day of his entry until the 26th of March, he presented no extraordinary symptoms. His tongue was exceedingly dry and cracked, pulse full and frequent, thirst moderate. He was placed under the usual treatment — sulphate of quinine, leeches ad anum, cups to abdomen and small of the back, followed by cataplasms, foot baths, enemata and lemonade. The leech bites bled profusely, and it was necessary to have recourse to astringents in order to arrest the hemorrhage. On the 27th of March he felt an intense pain located in the calf of one leg. It is this pain and the pathological lesions which give rise to it which render this case, as well as others mentioned to me by the gentlemen I have above referred to, so interesting and singular. In almost every case where this symptom has been observed death has ensued. Post mortem examination shows that the muscles, nerves, blood vessels, and periosteum, of the affected region have been destroyed by gangrena sicca. What the cause

of this singular lesion may be; why such destruction of one part should take place when the patient's general symptoms appear to be tolerably favorable, is a question for future investigation. There is an evident tendency to dissolution of the blood in yellow fever, and the gangrene may be owing to the septic condition of this fluid. The treatment of the symptoms of this singular affection, in the case to which I have reference, was entirely empirical, and based upon the results of the only two previously successful cases on record. Leeches were freely applied to the seat of pain and the bleeding encouraged by warm fomentations; afterwards the limb was enveloped in large cataplasms. Internally strong decoctions of Peruvian bark with muriatic acid, were administered. The pain in the limb ceased after a duration of two days, and the prognosis was pronounced favorable by physicians who had previously seen this affection. On the 29th, the patient began to take nourishment, and on the 7th of April was discharged cured.

Excerpta.

The Mode of Action of Local Bleeding in Affections of Internal Organs. *By J. Struthers, Professor of Anatomy at Edinburg.*— The viscera contained in the abdomen or thorax, have a circulation altogether independent of that of the walls which surround these cavities. All the viscera of the abdomen receive the arterial blood from the anterior portion of the aorta, and empty the venous blood directly or indirectly into the inferior vena cava. There is, then, as it were, an abdominal circulation from the aorta to the vena cava, which has no other communication with the circulation of the abdominal parietes than by the primitive branches of the aorta and of the vena cava. The only exception is the anastomoses of the inferior mesenteric vessels with the arterial and venous branches of the perincum. Hence the French practice of perineal bleeding in diseases of the abdominal viscera. Bleeding from the abdominal parietes would then act as general bleeding, and not, as is generally supposed, as local bleeding.

The same remark applies to the thoracic walls. It is evident that bleeding from the parietes of the abdomen and chest cannot exercise any influence over the pulmonary and cardiac circulation, except through the general circulation, in diminishing the quantity of blood which passes from the right cavities of the heart to the lungs, or in taking away a small quantity of blood which normally passes to the bronchial arteries, and this abstraction not acting more on the lungs than on the most distant parts of the body.

The following considerations complete the demonstration: 1st, The peritoneum which is reflected over different points of the abdominal parietes around the viscera, has vessels of its own which do not anastomose with the mesenteric arteries as they approach the peritoneum. The same observation applies to the pleuræ and aracnoid membranes. The posterior suspensary ligaments of the liver contain very

small blood vessels emanating from the internal mammary and intercostal arteries, and besides it has never been demonstrated that these capillary branches communicated with the vessels of the liver. It is also the case with the small anastomoses which exists between the vessels of the diaphragm and the inferior extremity of the œsophagus. Certainly no one would, at the present day, maintain that the effects of epigastric blood-letting in certain affections of the stomach, or liver could be attributed to the anastomoses which are so distant, and to the connection which is so indirect.

These remarks do not apply to the cranium. There is, indeed, a direct communication from the brain to the external surface, through the veins which pass through the parietal and mastoid foramina. The latter particularly communicating freely with the lateral sinus, might be considered as a kind of safety valve which assists a portion of the venous blood of the brain which passes through the lateral sinus, to flow back under the integuments of the head. Moreover, the principle of local abstraction of blood is applicable here, the arteries of the integuments coming from the bifurcation of the artery which supplies the brain.

To prevent being misled by these details of anatomy, it must be remembered that in practice the surest and most rational plan of treatment is often that of local blood-letting, in contradiction to the facts which we have just mentioned. We do not know precisely the seat of diseases and the limits of their action on the different parts of the human system. A pain in a certain spot, which we think we might attribute to an affection of the liver, might take its origin in the serous fold of the diaphragm or in the peritoneum. Another pain, which we think comes from the kidneys, might be caused by a particular morbid state of the abdominal walls. The treatment then to be pursued is the same as though the affection extended from the visceral organs to the superficial covering of the region.—[*Gazette Medicale de Paris.*

Researches on the Sudden Deaths which occur in the Puerperal State.—*By Dr. A. H. McClintock, Assistant Physician to the Hospitals of Dublin.*—Sudden death, either immediately or a few days after delivery, is not so rare as the silence of physicians on the subject might seem to indicate. As early as 1814 Ramsbotham called the attention of the profession to sudden deaths (Medical Repository) and on cases of syncope after delivery. M. McClintock has, last year, in two memoirs, brought forward the facts cited by English authors, and cases which were under his own observation. Of these cases, which we cannot reproduce or even analyze, he concludes that sudden death might be attributed, in the puerperal state to the following causes: 1st, Idiopathic asphyxia, a disease mentioned by Mr. Chevalier, (1st vol. of Med. Chir. Transactions,) who reports the case of a woman dying suddenly three hours after being delivered of twins, and in whom no other alteration was found than the flaccidity of the heart and the emptiness of the cavities, lesions of idiopathic asphyxia. 2d. Shock of the nervous system. It is known that great pain, by itself, causes death. It happens sometimes after very tedious labors. 3d. Syncope. 4th. Strong mental emotions. Many remarkable cases are reported in which the death could be attributed to the great fears the patients felt for the issue of the delivery. 5th. The presence of air in the uterine veins and in the heart, facts already mentioned by Legallois and confirmed by the recent researches of McCormack. Of the seven cases reported by this author, air was detected in the veins six times, and without any other sign which could account for the death. 6th. The formation of a clot in the heart. It is the opinion of Prof. Meigs, of Philadelphia, that a clot is formed in the heart under the influence of syncope, much more readily in a woman who has lost much blood during labor, than any other. He substantiates it with facts. 7th. Obstruction of the pulmonary vein, a frequent cause of sudden death, according to Mr. Paget. A woman aged 34, delivered naturally of her second child, was seized with palpitations, and died suddenly on the twelfth day, whilst perfectly well to all appearances. A post mortem showed that the pulmonary arteries were completely obliterated by clots, which were solid, adherent at certain points, and which were an inch and a quarter long. 8th. Phlegmasia. 9th. Diseases of the heart.

In conclusion, we will cite a fact which does not enter in the preceding classifi-

cation, and which shows that after a long and difficult labor an inconsiderable loss of blood is sufficient sometimes to produce death. In the case of a woman, already the mother of five children, the labor lasted three days and three nights, and produced very great debility; the delivery had to be accomplished with the forceps. The uterus did not contract well and there was a slight flow of blood, which seemed to ease the patient; but twenty minutes afterwards she began to complain and was restless. The uterus was again pressed upon and clots of blood were again expelled; prostration and extreme agitation soon succeeded and carried off the patient at the end of an hour and a half, in spite of the employment of stimulants. Death in this case has been attributed to the small quantity of blood lost, which, under ordinary circumstances, would have been altogether insufficient to produce so terrible an effect.—[*Dublin Medical Press, Vol. XXVII, pp.* 145 *and* 273, 1852.

Medical Society of London.—*February* 13, 1854, *B. W. Richardson, Esq., in the Chair.*—Dr. Crisp stated, that he had dissected a male elephant, ten feet in height, aged 22, and weighing three tons, which died three weeks ago. He presented a portion of the aorta to the notice of the Fellows, and stated, that it was four inches in diameter and eight lines in thickness at the thickest part. The free edge of one of the semilunar valves measured four inches. He stated, that the middle coat presented an appearance of muscular fibre with a power of forty diameters, and that no striæ were evident under a power of 250. The practical point of his communication was to show that the muscular coat is not elastic; and thence, and not from the opposite, did hemorrhage cease. He doubted the existence of inorganic fibres; for the coat in the arteries is elastic, while that composed of inorganic muscular fibre in the intestines is inelastic. He also remarked, that, in common with other observers, he had not found any fat whatever in any part of the elephant.

Mr. Pitcher then read a paper on some points in the physiology of the tympanum.

He restricted himself to a consideration of the physiological action of the various parts found within the tympanic cavity. He remarked, that, while the membrana tympani is met with in aquatic animals, it is developed in so much higher a degree in air-breathing and air-hearing animals, that it ought to be considered as restricted to the latter class. Among air-hearing animals there must also be varied modifications of development, as would be inferred from a consideration of the degree of appreciation of sound possessed by the nightingale and rook, and believed that man alone possesses it in its most perfect state, so as to fit him for the perception of all the varieties and degrees of vocal articulate sounds. But since cases occur in which this membrane—and, indeed, the ossicles—have been destroyed by disease, and yet the faculty of hearing retained to a very great extent, and more particularly when this has befallen the patient in infancy; and, since the membrane is naturally perforate in the ox, cat, and other animals, he was of opinion, that it must be regarded as an appendage to more important parts rather than as a structure essential to the ear. He had no doubt that cultivation of the sense in the deaf and dumb, when the deafness depended upon malformation of the labarynth, would often issue in obtaining so much of the faculty of hearing as would enable the sufferer to acquire articulate sounds. He then entered at great length into the consideration of the position, attachment, figure, direction of the surfaces, and anatomical characters of the membrane, and concluded an argument to show that its chief use is to communicate sonorous vibrations to the ossicles, and through them to the fenestra ovalis, as proved by the following facts: 1st. The membrane vibrates in proportion to its tensity, but within the limits of extreme tension; 2d. It vibrates also in proportion to its thinness; 3d. The whole membrane does not necessarily vibrate at the same time; 4th. When the whole membrane vibrates, the vibrations are restricted to certain lines or nodal points; 5th. The vibrating lines must differ in vibrating power, according to their length, thickness, density, etc., each one having an independent power; 6th. Any such line may vibrate through its whole or only through part of its length, and at the same or at different times; 7th. In the reverse proportion to the rapidity will be the extent of motion; 8th. The highest notes will issue from the tensest, densest.

shortest, and smallest cord, and that vibrating through the most limited space. He then showed that the tympanum fulfils all these requirements; and, after giving the extent of vibration necessary to the production of sound, mentioned several instances in which certain sounds were inappreciable to certain persons, notwithstanding that, in the perfect ear, we are able to appreciate and distinguish all the separate tones heard in a band of music. He then referred to the beautiful arrangement of the ossicles, with their connections, muscular attachments, and the supply of nervous influence, and expressed his belief that hearing remains tolerably good when all of them, including the stapes, are removed, if the fenestra ovalis be perfect. He related the particulars of the case of a medical gentleman who came to him with the stapes in his hand, and yet could hear tolerably. With regard to the influence of the contained air, he believed it to facilitate the motions of the ossicles, and then gave sixteen reasons for doubting the accuracy of Mr. Toynbee's statement, that the eustachian tube is closed, and that it may be opened by the surrounding muscles.

Dr. Crisp supported the author's opinion as to the precise value of the tympanum, to permit tobacco-smoke to pass out of their ears from the throat. This he believed they would not do if it seriously interfered with the sense of hearing. He also remarked, that Albino cats are probably always deaf, but stated, that, on the careful dissection of one of these creatures, he had not been able to detect any difference of structure. He remarked, that the dog and the pig can readily appreciate articulate sounds, and asked if they have a perforate tympanum.

Mr. Richardson had observed a relation to exist in old persons between deafness and the occurrence of the arcus senilis; such, that old deaf people have the arcus, while other aged persons have it not.

Mr. Davis remarked, in objection to this, that he hears well, and yet has an arcus; and that his father, who died aged 84, had the arcus also, but could hear perfectly.

Dr. Gibb inquired if the membrane is ever ruptured in hooping-cough.

Mr. Toynbee entered at some length into objections to the author's statement as to the non-closure of the eustachian tube, the functions of the ossicles, and the precise value of the membrana tympani. He again affirmed that the eustachian tube is closed, and had recently strengthened his opinion by investigation of the lower animals, as mammals and birds. In no case had he discovered any provision for keeping it open, while there was always two muscles destined to perform that duty when occasion required it. He denied the statement, that the ossicles were destined to convey vibrations to the fenestra ovalis, because their arrangement especially unfits them for that office, and because that, with the exception of the stapes, their absence does not seriously interfere with hearing. In the bird, moreover, the attachment of the bone to the membrana tympani is not by bone but by ligament. He believed the presence of the stapes to be essential to hearing. He accounted for the connexion between closure of the tube and deafness, by the statement, that the air disappears, and permits the membrane to fall in, and thus to press upon the fluid in the labyrinth. He believed that a perfect state of the membrane is essential to perfect hearing.

Mr. Bishop entered into the mathematical part of the subject, and opposed the author in several particulars. He believed that discs vibrate on the same principles as those which govern the vibration of cords—that is, they vibrate as a whole, and therefore he could not admit that each fibre of the tympanum could act alone, and the whole as so many separate cords. He then referred to the recent discoveries of a French mathematician; and, in conclusion, considered that the author had overlooked the important quality of elasticity in reference to that membrane.

Mr. Pilcher, in reply, stated, that he had frequently noticed the existence of a dark line around the tympanum of old people, but had not connected that with an arcus senilis. The membrane is frequently ruptured in hooping-cough, but usually heals readily. He explained the fact, that a patient could only hear well by opening his mouth very widely, by presuming that thus the external meatus became enlarged, and admitted a larger volume of air. The whale and other cetaceous mammals hear through the eustachian tube, which opens into the blow-

hole, and is the only part kept above water; but, in these animals, the ossicles are not connected with the tympanum. On examining Mr. Toynbee's preparation of the tympanum in the bird, he was of opinion that the bone was directly attached to that membrane.—*Medical Times and Gazette.*

The Curara Poison.—*By C. Bernard.*—Before concluding, a passing reference may be permitted to the discoveries of Bernard and Pelouze, respecting the action of the curara poison, and the manner in which it enters the system. So singular are the facts which have been ascertained respecting this poison, that they have been widely published in medical periodicals, and have even found their way into popular literature; it will be unnecessary, therefore, in this place, to do more than refer to the points which relate especially to its mode of action and absorption into the system.

The curara, according to Humboldt, is the aqueous extract of a plant belonging to the order Logonaceæ, prepared by the natives inhabiting the forests which skirt the high Orinoco, the Rio Negro, and the Amazon. It is affirmed by M. Gondet, that the Indians of Messaya are accustomed (during its composition) to mingle with it some drops of poison obtained from the most venemous serpents. Its toxic action closely resembles that of the poison of the viper, for it may be taken with impunity into the stomach, whereas a speedy death invariably follows its injection into the blood, or its introduction into any of the tissues of the body. Under its influence an animal falls suddenly dead without uttering a cry, or scarcely even moving a muscle. If, for example, it be placed beneath the skin of a bird, the animal flies away, and in a few seconds falls dead without a movement or a cry. It has been remarked by Bernard and Pelouze, that death is constantly attended by phenomena that indicate a complete extinction of the functions of the nervous system. A minute after death the nerves are flaccid, like those of an animal which has long expired; no reflex movements can be produced; the blood is always black, and frequently it coagulates with slowness and difficulty, and does not redden on exposure to air.

Yet this deadly poison may be taken with impunity into the stomach or intestines. Mucous surfaces prevent its absorption, and if an endosmometer be made of the gastric mucous membrane of a recently killed animal, so that the epithelial surface look outwards, it will be found that endosmosis will ensue between a saccharine solution within the tube and an aqueous solution of the curara without; but that none of the poison will pass through with the endosmotic current into the interior of the instrument. It must not, however, be supposed that the poison decomposes in the stomach, for it remains perfectly unchanged by admixture with the gastric juice, saliva, bile, or pancreatic fluid; but it cannot pass through the mucous membrane to enter the circulation. The lining membrane of the air-cells alone forms an exception to this rule; through it the poison passes without obstruction, and quickly produces death. But this exception is more apparent than real; for it will be remembered that in the air-vesicles the respiratory mucous membrane has lost its characters, and is reduced to a simple layer of fine and almost structureless tissue, devoid of epithelium. These curious facts with reference to the action of the curara may not be easy of explanation, but they prove that imbibition through an epithelial covering is, to a certain extent, an elective act.—*Medico-Chirurgical Review.*

The Elimination of Urea.—*By C. Bernard.*—In the thirteenth volume of the Archives Gén. de Médecine,' 4th series, will be found an interesting communication by Bernard and Barreswil, on the elimination of urea from the blood after extirpation of the kidneys. It appeared to them a singular circumstance that whenever the kidneys of an animal had been extirpated, a period of time, varying from twenty-four to forty-eight hours, always elapsed before the blood yielded on analysis any traces of urea; and it immediately became a question in what way the urea escaped from the system during this interval. To ascertain this point, a series of experiments on dogs was instituted. The kidneys of these animals were first extirpated, and the blood and intestinal contents were subsequently carefully tested. Two of the dogs perished quickly after the mutilation, one from perito-

nitis, and the other from suffocation. In neither of these could any urea be detected in the blood. The gastric fluids liberated, on the addition of caustic potash, a suffocating ammoniacal odor; the intestinal fluid and bile, when similarly treated, disengaged also large quantities of ammonia. In the other experiments, the animals survived longer, and died, finally, in a state of considerable exhaustion. It was observed, in these instances, that the gastric juice was much increased in quantity, and was secreted without intermission both fasting and during digestion. Large quantities of ammoniacal vapor were liberated from it by the addition of caustic potash. No urea could be detected in the blood till the animal had become weak and exhausted, and the quantity of gastric juice secreted had undergone a considerable diminution in consequence.

Bernard and Barreswil conclude, from these experiments, that after the kidneys of an animal have been extirpated, the urea is eliminated by the secretions of the intestinal tube, and chiefly by the gastric juice, in the form of an ammoniacal salt; and that no urea can be detected in the blood till, from progressive diminution of the vital powers, the intestinal fluids become more and more diminished in quantity, and thus the supplementary channels for the separation of urea are cut off. Retention of urea, they argue, is not a direct result of suppression of urine, but rather a consequence of the loss of vigor which follows it; for if the vital powers remain active, the urea escapes from the blood by other portals, when those provided for its natural elimination are closed. True it is, that in no instance was urea, as such, detected in the intestinal contents; but this circumstance is accounted for by the authors, on the supposition that it is decomposed by the acid of the stomach, and transformed into lactate or phosphate of ammonia, and in proof of this, they state that urea, when introduced into the stomach, is always changed into a salt of ammonia before it can be absorbed.—*Medico-Chirurgical Review.*

Displacement of the Uterus Upwards.—*By Prof. Simpson, of Edinburg.*—Nothing is more common, says Prof. Simpson, than the prolapsus of the uterus, known as *prolapsus uteri;* but its displacement upwards has scarcely been noticed; a few cases only have been published to show that this organ might be wounded in puncturing ovarian cysts. I have nevertheless often seen this displacement in dropsy of the ovaries; the uterus was much higher, though within reach of the finger. This displacement may also exist in cases of fibrous tumors of the uterus. I have seen it so high up in these cases that it could not be felt.

Dr. Simpson cites two cases of displacement to a great degree. In one case the distance measured by a uterine sound, the neck was found to be two inches and a half above the symphysis pubis; the uterus was flattened as felt through the abdominal parietes. The walls of the vagina equally drawn up and brought in apposition and flattened against the symphysis pubis; in the other case the neck though less elevated, was still above the superior strait.

The first patient, aged 40 years, had one child; the second, aged 38 years, and married already seventeen years, had never had a child. Prof. Simpson mentions having seen an analogous displacement accompanying certain abscesses within the pelvis.—*Archives Générale de Medicine.*

Two Cases of Diabetes.—*By T. H. Von Dusch, of Manheim.*—These two cases are remarkable for their details—the author has taken the pains to measure exactly, every day during several months, the quantity of urine voided by his patient as well as the proportion of sugar which it contained. The quantity of liquid which the patient has absorbed in the form of drinks, the nature of his diet, the number of evacuations, all have been noted and set forth in a large synoptical table at the end of the memoir. M. Dusch proposes to decide by these cases several questions relative to diabetes. Some authors have affirmed that in this affection the quantity of urine voided was greater than that of the liquids absorbed; others have sustained the contrary. M. Dusch thinks that the question has been badly propounded, and that the quantity of water contained in the urine should be compared with that contained in the drinks and in the diet. He has reckoned the cutaneous transpiration and the evaporation escaping from the lungs which he

has estimated by weighing his patient frequently; he has also reckoned the water contained in the fæcal matter and has demonstrated in this way that the quantity of water absorbed and the quantity voided by the patient are equal.

M. Dusch concludes from his researches that the diabetes consists principally in this: that the sugar which is produced normally in the blood, is not destroyed; according to him, all aliments will produce sugar.

On the Operation for Phimosis—*By M. Maisonneuve.*—M. Maisonneuve observes, that simple as is the operation for phimosis, there are few others so defective in their results: that by the longitudinal incision leaving inconvenient angular flaps, and the modification of the Jewish circumcision leaving the entire glans exposed. On the examination of persons suffering from congenital phimosis, it will be found that the constricted portion of the prepuce forms a circle of only moderate breadth, beyond which the skin retains all its laxity. If this circle be removed, the glans can expand itself during erection, while, as the prepuce has undergone but a slight loss of substance, it still covers the glans when quiescent.

Creosote in Noma.—M. Haybach speaks in high terms of the efficacy of the application of Creosote in gangrene of the mouth. The application made with a brush causes, in a short time, a separation of the gangrenous from the healthy parts.—*Ann. de Roulers.*

The entire population of Paris amounts to 1,053,262. There are 1,351 physicians and surgeons, 164 officers of health, and 446 druggists, to supply the wants of this population. Consequently there is on an average one doctor for 779 inhabitants, one officer of health for 6,422, one druggist for 2,531 inhabitants. Statistics for the whole of France show the number of physicians and officers of health together to be one in 1,940 inhabitants, and the number of druggists to be one for 6,914. In Paris the physicians, surgeons, and officers of health taken collectively are in the proportion of one to 695 inhabitants.—*Gazette Medicale de Paris.*

Miscellaneous.

Physico-Medical Society.—During the summer season the Physico-Medical Society will meet but once a month. In consequence of this arrangement we have not our usual report to present.

EDITORIAL CORRESPONDENCE.

Pensacola, Florida, May 2d, 1854.

Gentlemen: The accompanying manuscript is a duplicate of a letter dated Pensacola, Florida, April 27, 1854, which I have written in answer to a communication from a medical gentleman, making inquiries regarding the health, climate, etc., of Pensacola. Though brief and very imperfect, it may not be uninteresting to other members of the medical profession, and therefore I send it to you for publication in the *New Orleans Medical News and Hospital Gazette:*

Dear Sir: Your letter under date 18th inst., propounding interrogatories regarding the health, climate, etc., of Pensacola, was handed me yesterday.

In answer: 1st, As regards health, Pensacola is infinitely more salubrious than

any place on the Gulf of Mexico, the mortality not exceeding one-third of one per cent., unless yellow fever is introduced and prevails as an epidemic. 2d, Pneumonia very rarely occurs. Occasionally a case of pleurisy is met with. As to typhoid fever I have observed no cases purely idiopathic; sometimes I find badly treated remittents that have degenerated into the typhoid type. Congestive fever is not unfrequently seen, it is rarely fatal. 3d, Yellow fever never appears in Pensacola, excepting when New Orleans and Mobile suffer from such extensive visitations as that of last year.

Yellow fever was first introduced into Pensacola in 1765. It did not obtain again till 1822. Subsequently it prevailed in 1825, also in 1839, '47 and '54. Since the severe epidemic of 1822, it never prevailed to any great extent until last year, when its mortality was by no means inconsiderable, especially among the unacclimated. The creole portion of the community enjoyed almost an entire immunity from its infection.

The diseases to which the inhabitants are liable, mostly are intermittent and remittent fevers, affections of the throat, rheumatism and neuralgia; also, diarrhœa, dysentery and various other diseases of the digestive system. Anæmic affections frequently occur, and strumous complaints are not uncommon. Children are peculiarly subject to fatal convulsions, and infants often die of trismus nacentium. Traumatic tetanus occurs occasionally from very slight wounds.

4th, Pensacola has never been invaded by Asiatic cholera.

5th, Pensacola is in latitude 30° 30′, longitude 87° 30′ west from Greenwich, is situated on a sandy locality, at an altitude of about fifteen feet above the level of the sea; an extensive pine barren, with a sandy loam, extends many miles in the rear of it, well drained by numerous natural creeks and branches. With the exception of a *salt marsh* of small extent, northeast of the city, bordering the surburbs, no local causes of malarial diseases are appreciable. A small stream of fresh water meanders through the marsh and emptics into the Bay of Pensacola, a few yards distant. The tide flows freely into the marsh and spreads over its entire extent. At the ebbings of the tide a quantity of animal and vegetable matter is deposited, and from their decomposition the air is often tainted with noxious effluvia. It is in the vicinity of this salt marsh that our remittent and intermittent fevers most frequently prevail.

The climate free from the excessive heat of the more tropical regions, and having not the cold of northern latitudes, is most dilightfully congenial. Sudden vicissitudes of the weather, however, occur occasionally in the latter part of winter and beginning of spring—the thermometer ranging several degrees in a very short time—the transition is from a high to a low temperature, and this it is that produces now and then a case of croup, and not unfrequently a sudden attack of pleurisy.

Our winters are generally rather humid; but for the temporary discomfiture that a damp winter atmosphere produces, the other seasons amply compensate by their genial influences. Yours, etc.,

ROBERT B. S. HARGIS, M. D.,
Surgeon U. S. Marine Hospital, at Pensacola.

CHARITY HOSPITAL.

With the exception of a few cases of interest which have entered the surgical wards, there is but little to report under this head.

It seldom occurs that the wards of this institution, at this season of the year, are so empty as at present. This, however, happens providentially, as the hospital is undergoing thorough repairs, and many of the wards are in consequence closed.

There have been but few operations performed within the past fifteen days; we note the following: one for exostosis of the tibia, one for atresia of rectum, and one for artificial pupil.

The case of exostosis occurred in a negro, and dated from childhood; it was probably the result of an injury, coupled with well marked strumous diathesis. The exostosis was located near the junction of the middle with the lower third of

the tibia; there was also an ulcer at the point of enlargement. An incision eight inches long was made through the integument covering the anterior portion of the tibia, the point of enlargment; the periosteum was raised and reflected back with the skin, and the enlarged portion of boue removed with the chisel and mallet. The patient is doing well.

A child five days old, in the lying-in ward of the hospital, was seized with convulsions; a dose of castor oil was given without producing an evacuation. Upon closer examination of the child it was found to be affected with atresia of the rectum. The anus was perfect and a probe could be passed up for about half an inch; the gut terminated at this point in a cul de sac. On irritation of the anus the child made violent efforts to defecate, during which a soft fluctuating tumor could be seen and felt pressing down against this point. A puncture was made through this with a bistonry, and a profuse flow of fœtid meconium followed. A tent was then introduced into the rectum. The child has recovered. This case shows conclusively the necessity of examining a child immediately after birth. These deviations from the natural condition should be discovered as soon as possible, and the accoucheur is culpable who trusts entirely to the nurse for an examination which he should make himself.

The operation for artificial pupil was rendered necessary by central opacity of both cornæ. The patient was completely blind of one eye, that operated on; the other affected besides with anterior synechia, serves him but poorly to conduct himself. The eye most affected was operated on in this instance. The operation of Scarpa, or that designated as irido-dialisis was chosen. The point of a cataract knife was passed through the centre of the opacity, a fine hook introduced through the puncture, the iris caught at its ciliary attachment, traction made, the iris detached and a portion withdrawn, which was removed with the scissors. The patient was able to see the light immediately. The lids were closed and retained by means of straps of isinglass plaster. The operation was performed almost as we write, and the result cannot therefore be given; the case will probably be reported in an ensuing number of the Journal.

Two dislocations of the humerus were lately reduced, one of a few hours, the other of six weeks standing. The reduction in both cases was performed in the same manner; the patient was laid on the floor and a roller towel made fast to the arm by a clove hitch, and the loop passed over the back of the operator. The patient being under the influence of chloroform, extensiou was made by means of the towel, and counter extension with the heel in the axilla.

Wounds by pistol, gun and knife, have been very numerous lately. We note the following although they are not of much interest.

A man received a charge of duck shot in the abdomen; the gun was fired at a short distance; none of the shot seemed to have penetrated the cavity; there was much inflammation of the surroundiug integuments. The patient recovered without any bad symptoms.

A patient, wouuded by a pistol shot in the upper and anterior portions of the thigh, entered the hospital a few days since. The vein and artery narrowly escaped injury. The patieut was purged, and cold applications were made, he is doing well.

Another case of pistol shot wound, was discharged cured, six or seven days since. The man had received two balls from a revolver, in the small of the back; it was impossible to extract these; the wounds healed kindly.

A case of penetrating wound of the chest entered the hospital on the 3d inst.; the knife passed into the right cavity, betweeu the sixth and seventh ribs, wounding the diaphragm and penetrating the lung. There was a considerable effusion of blood and serum. The patient was twice freely bled aud put under the influence of mercury. He recovered more rapidly than was expected, the gravity of his symptoms considered.

Two cases of incised wounds respectively of the muscles of back and neck. They are both doing well.

There have been several fractures brought into the hospital lately, some of which are of interest. One, of ten months standing, of the radius, oblique and extending into the caspo radial articulation. There is extensive diffused inflamma-

tion of the hand and arm with œdema, and some caries of the carpus. The arm was placed upon a pillow and cold applications made, followed by free incisions. The condition of the limb was improved, although there is reason to believe the patient will ultimately loose his arm.

Another similar fracture of the radius, complicated with partial dislocation of the carpus. Reduction was effected and the arm placed in splints. The cure will probably be complete.

There have been four other fractures; two of tibia, one of ulna and one of the patella; those of the tibia were treated with the fracture box, that of the ulna with lateral splints. The fracture of the patella was simple and transverse, a figure of eight bandage has been applied around the knee and the fractured parts are now in close contact.

The case of injury of the face from the horn of a cow, mentioned in our last number, has gone out well. It is astonishing, when the gravity of the injury is considered, how little deformity has resulted.

The case of sloughing of the scrotum following the operation for hydrocele, which we lately mentioned, has nearly recovered.

In the surgical wards diarrhœa seems to be somewhat prevalent. One case of cholera treated with sulphuric acid, ℥ii in a ℥vj mixture—table-spoonful every hour, and syrup of morphine, has recovered.

In the medical wards there is but little to report, and it is difficult to state what variety of disease is most prevalent.

A Frenchman entered one of the medical wards some time since. He complained of pain in the region of the heart, difficulty of breathing and weakness. He stated that he had only been sick a month; his countenance indicated much distress.

The sounds of his heart were much altered, being heavy, slow, and sometimes intermittent. There was a bruit de soufflet heard at the base of the heart; this was not well marked.

Situated on the right of the median line at the top of the sternum, about the position of the arteria innominata was a pulsating tumor of the size of a hen's egg. This pressed upon the clavicle and trachea. There was no thrill; an aneurism of the innominata was diagnosed.

The patient died. On post mortem examination the diagnosis was verified; the tumor contained numerous layers of fibrine and there was scarcely any cavity. The ascending and transverse aorta were much enlarged, and contained also layers of fibrine; the coats of the vessel were thickened and very slightly ossified. The mitral valves were thickened and insufficient; the aortic valves not much altered.

Charity Hospital Reports.—April, 1854:

Admissions,	669
Discharges,	583
Deaths,	105

Births, 17; of which Males, 3; females, 14.

From April 29th, to May 12th, inclusive:

Admissions,	252
Discharges,	230
Deaths,	41

Births, 6; of which males, 5; female, 1.

Notices of Exchanges.—We have received the following journals in exchange: The Virginia Medical and Surgical Journal, edited by George A. Otis, M. D., and James B. McCaw, M. D. The Memphis Medical Recorder, edited by A. P. Merrill, M. D., and C. T. Quintard, M. D. The New Jersey Medical Reporter, and Transactions of the New Jersey Medical Society, edited by S. W. Butler, M. D., and Joseph Parish, M. D.; and the New Orleans Medical and Surgical Journal, now under the editorial charge of Dr. Bennet Dowler. In the editorial and typographical departments of this journal there is a marked improvement. The reviews of the editor are just and characteristic of his able pen. A more critical examination of some of the cases selected for publication, would have rendered the journal more instructive.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. JUNE 1, 1854. NO. VII.

Few men arrive at the use of their faculties but discover, or think they discover, that they have been fitted by nature for some particular pursuit in life. Wise and mereiful indeed is it that it is so; for otherwise labor would lose all the charm it receives from inclination, and become an unmitigated burden. Unfortunately, circumstances, or lack of judgment, often impel men to follow that for which nature has not intended them; and one is a miserable physician who would have made a happy mechanic, or an unfortunate lawyer who would have made an enthusiastic fiddler.

Even if it were desirable, it is not necessary, nor is his life sufficiently long to permit a man to attain universal knowledge. Jacks at all trades are, proverbially, good at none. All knowledge is useful, and every faculty is required to make man a complete being; but there is no art or science which is not a sufficient labor for a lifetime; and he alone may hope to excel in a manual or mental occupation, who, having chosen it wisely pursues it with all his strength If a man could live for a few hundred years in his full strength, forget nothing, and had great reflective powers, he might hope to compass most of the learning and philosophy of, for instance, moral science, and when he died might be counted a wise man; yet as he lives on through eternity he will find there are knowledge and wisdom still to be learned. But as the useful part of his life is so ridiculously short (we mean when compared with his vanity) his one is to do one thing well, and not half a dozen badly. All animate, inanimate and moral nature, its laws, powers, uses and accidents is to be discovered and understood; and when we have successively reached the farthest points of our limited vision there still stretches out before us a boundless prospect.

One generation after another pursues the road, each proceeding from where the other left off, and each adding to the general knowledge and well-being, yet the world is just beginning to see, feel, and realize the immensity and grandeur of natural objects and laws. He who leads an idle, butterfly existence, and he who attempts too great a task in life and performs it superficially, equally, assist nothing in the progress of the human race, and, equally, are failures. We may compare the faculties of man to the vapor in the atmosphere, which is absolutely necessary to existence; but it is only when it gathers itself together and concentrate its energies in clouds, that we see the vivid flash of the lightning, the earth shaken by the rolling thunder, or the parched fields are cheered by the refreshing shower. Demosthenes devoted himself to oratory, and his eloquence dazzled his countrymen; Napoleon grasped at power and the nations trembled and shook; Bacon, Mansfield, Newton, Fulton, Berzelius, Hunter, Ricord, Louis, Laennec, Bernard, Lebert, and the improvers of the plough, the loom, or agriculture, have bent their energies to their separate pursuits, and learning, equity, science, prosperity, health and comfort have teemed their blessings upon the earth.

We have said that there is no art or science but is a sufficient labor for a lifetime. We may confine ourselves to more narrow ground, and say that there is scarcely a branch of any art or science the complete mastery of which is not the business of a life. Go to an iron foundry or watchmaker's, or to any manufacturing establishment, and we find one man engaged in modeling, another who spends his time in putting a mass of black earth into moulds; here, one whose existence, like that of a danseuse, is devoted to making a series of delicate springs; there, one whose great objects in life are the small bits of steel for the fuzee chain; here is a polisher, there a cutter, and a grinder, and a filer, and a turner; and, in fine, we see the artisans engaged each in his own separate branch, to which he has had to devote years of severe application in order to acquire the requisite skill. He may, indeed, have a general knowledge of every branch of his business, but he has not skill except in his own. In the ethical sciences, which have the whole vast range of human reason and conduct, we see the same order followed. In the law, for example, there are attorneys, barristers, and sergeants; and then there are common law and civil law lawyers, real estate and admiralty lawyers, criminal and commercial law lawyers, each of whom has mastered his branch of the profession, by intense and exclusive application to it. We may say that the present state of constitutional, municipal and commercial law, and of the law of nations,

is the result of the labors of one or more men, at various times, upon each of its various branches, exclusively. Just as the island in the Southern Sea, covered with towering palms, luxuriant foliage, luscious fruits and glowing flowers, and musical with the voices of a thousand brilliant plumaged birds, is the result of the labors of the coral insects which have, first in this place, then in that, lifted it up from the dark depths, until now it stands forth complete in all its gorgeous beauty.

Exclusive attention to his profession, and to some particular branch of it, is more incumbent upon the physician and surgeon than upon the professors of any other art or science whatever. It is true, man is not so loosely put together as to require constant patch work. He is made in the moral image of his Creator, with a body the perfection of mechanical beauty and wisdom; yet, while he stands the lord of the earth, and surveys and takes possession of his dominion, his mind and his body are intimately connected with it all. The elements of which this king is composed, and the subject elements around him, are in complete sympathy; not an atom floats in the air, not a vibration moves the atmosphere, but affects him. He is the most wonderful and noblest of created beings, and all that concerns him is consequently important. But when we reflect upon the complicateness of his structure—its substance, its nerves and muscles, its bones, vessels, affections and powers, and then upon their connection, for good or evil, with nature's objects and laws, who can hope to attain a knowledge of them? Infinite knowledge and wisdom created them; infinite knowledge and wisdom alone can fully understand them.

The advances made in medical and surgical knowledge in Europe, have been the result of just views concerning the extensive nature of the science. It has been seen that, while a general knowledge is attainable and absolutely necessary, strict application to observations upon some special branch is the only true method of advancing the science or of obtaining that ready knowledge and skill required by its lofty and benevolent objects.

It is not to be supposed that a general practitioner can accurately diagnose the complicated forms of derangements of the eye, of the chest, or, of the genito-urinary organs; that he can properly treat them or perform all the necessary operations for them, when he has, perhaps, never seen many of them; nor is it to be supposed that such a one is qualified to teach upon these and all the other various branches of surgery and medicine, embraced in the student's course of study. The student who goes to Europe, finds himself under the tuition of professors who have made the subjects they teach the study of their lives. He has also the advantage

of the public lectures or private courses of eminent specialists—such as Ricord, upon syphilis; Deville and others, upon operative surgery; Barth, upon pathological anatomy; Desmarres and Sichel, on diseases of the eye; the experimental course of Coste, on embryology; and innumerable others. So that if he wishes to become, himself, a specialist, every opportunity is afforded him; and if he desires to continue in the old broad highway, he may do so, with a more accurate theoretical and experimental knowledge than he could otherwise acquire in the same length of time.

This is the system of education and of practice which we wish to see adopted in this country. The capacity of Americans for scientific research is as great as that of the men of any other nation, the fault is in misdirecting it. In the hurly-burly of our progress, medicine is too likely to degenerate into a trade, and medical schools into mere diploma-giving institutions. In all new countries we see many make-shifts. He who opens a farm puts up a log house, and every thing is done in a slight manner, for temporary purposes. And, in such a country, where doctors are necessarily scarce, even an old woman, with her "yarb teas," is in great demand. But when the country is older and more settled, the log house is changed for a more substantial and handsome edifice; and though men die, they are ushered out of the world with the full knowledge and approval of the three learned professions. While we know that many of the physicians of this country have been and are men of more than ordinary mind and attainments, and ornaments to their profession, we know at the same time that the large majority of those who graduate at our medical schools have afterwards neither the energy nor the opportunity to perfect themselves in any single branch of their profession. If the course of study and practice were changed, as we have suggested, and diplomas were made more difficult to obtain, the people would be no longer imposed upon as they have been, and the medical profession would take the high rank it deserves, and go on towards perfection.

Observations upon Stricture of the Urethra.

By Warren Stone, M. D., *Professor of Surgery, University of La.*

It is unfortunate that the diseases incident to the urethra—so important and serious, and so much under the control of correct treatment—should so generally fall into the hands of quacks, or those who do not understand

their nature. The efficient surgeon is rarely consulted until the case becomes serious, and it is really distressing to the surgeon, who entertains ordinary sympathy for suffering humanity, to see to what a distressing state his patient has been brought by injurious or inefficient treatment. The subject of stricture is an extensive one, and although it has received the special attention of the ablest surgeons, there is much that is practical to be said, or so many cases,—in this land overrun with physicians,—would not terminate in complete retention of urine, fistula, disease of the bladder, sudden extravasation of urine, extensive sloughing, or death. There is something wrong, for these cases are common, and taken in season and properly managed, they are simple. It can scarcely be profitable to go into the minute history of stricture, and I will confine myself to treatment. Some one is generally consulted in the forming stage, but instead of curing, the disease is generally aggravated. I will suppose a case, or rather give the history of a common case. After gonorrhea and the use of strong injections, some difficulty is experienced in passing water. The physician is consulted, or an elastic bougie is obtained at the druggists—for although every physician treats this complaint, very few have the instruments—and thrust into the urethra, through the thickened and contracted portion; blood flows freely. This is repeated several times, and the urine flows nearly as free as ever, but there is considerable scalding, and in the course of a month or so, the case is as bad, or a little worse, than before. The same course is resorted to, with the same result, and the patient tired of fees, for no permanent benefit, gets an instrument and uses it. The complaint in the meantime is insensibly getting worse, until finally, after a debauch, or some sudden exposure, a complete stoppage takes place, and in horrible distress the physician is sought again. A catheter is thrust into the urethra, but the stricture cannot be passed; the case is imminent, and desperate efforts must be made at any risk; blood flows freely, but finally, finding that the instrument cannot be passed, the physician may fall upon the course of treatment he should have commenced with—bleeding, tarter emetic, the warm bath, etc., and as nausea and faintness is produced the urine begins to flow, probably as free as ever. The physician thrusts through a moderate sized instrument, finds the patient grateful for an empty bladder, takes what money he can spare, and leaves him worse than before; for the violence done to the urethra is sufficient to produce a stricture if none existed before. In a short time, great difficulty is experienced in passing the urine, and finally a hard

swelling takes place in the vicinity of the stricture—a little behind, probably; great pain and smarting is felt in it at the time and after urinating. The tumor finally softens at its apex, breaks, discharges a little pus, and the urine flows through. A fistula is formed, or it may be that retention may take place again, and after making strong efforts to relieve the distended bladder, a sudden swelling takes place in the scrotum and perineum, attended with great pain, indicating extensive extravasation of urine, extensive sloughing takes place; or under the best management the patient is left with urinary fistula, a loathsome object, disgusting to his friends, and miserable beyond description. This is the common history of a bad case of stricture, and the blame rests with the one who had the first treatment of the case. The proper treatment is plain and simple, but it is often difficult to persuade patients to undergo it, or take proper time for a permanent cure. Stricture is the result of inflammation, and in the cure we must not only effect dilitation, but have the parts free from inflammation, or even irritation. When a patient consults me for a stricture in the forming stage, and is unwilling to lay up and be cured, I advise him to let himself alone, satisfied that an introduction of an instrument and dilating hastily and abruptly, and leaving the parts in a high state of irritation, does serious harm, and often lays the foundation for permanent stricture. If the parts are irritable—as they generally are—the patient should be laid up, placed upon light diet, and if the general condition is favorable, antimony may be administered, the system relaxed, etc., before the bougie is used. The finely polished conical pointed steel or silver bougie is preferable to all others, and the size should be graduated so as not to do violence to the parts. A little pain will be felt at the introduction, but if the instrument is properly graduated, and the parts are in a proper condition for its use, the pain soon subsides, but if it should not, the instrument should be removed, and a smaller one substituted. The dilating force of a finely polished instrument is very great, although introduced with gentle force, and we should bear in mind that we cannot restore tissues endowed with vitality to a healthy condition by mechanical violence. The parts must not only be dilated, but the inflammation and irritation subdued, and then the cure is complete. Strictures are rarely cured, not because they are incurable, or even very difficult of cure, but because they are treated mechanically, and without regard to pathology, and they are generally left after treatment with the original cause existing in an aggra-

vated degree. The disease is looked upon as trifling by the general practitioner who does not often see the horrible consequences of neglecting or carelessly treating this simple disease. The surgeon does not do his duty who does not urge in the most earnest manner the necessity of prompt attention, and lay before his patient the sad consequences of neglect. When the stricture has become firm and unyielding by the transformation of the tissues, a permanent cure may be effected by perseverance in the use of proper means. Dilitation is the proper method in almost all cases; a few cases, and but a few, comparatively, may require division, according to the method of Mr. Syme. For making dilitation, Mr. Wakley has invented an instrument, or a series of instruments, which I would advise the new beginner, or those who practice surgery without any knowledge of anatomy by all means to use. This apparatus consists of a small catheter, which is to be introduced as a guide, and a series of tubes, whose calibres accurately fit the catheter, and are passed down upon it. In all difficult cases, it will be found that the guide cannot be readily passed, and when it can be passed, the polished conical pointed bougie can be. A little roughness or inequality in an instrument, produces serious impediment to its passage through a hard, unyielding stricture, and Mr. Wakley's instrument, when the tube is passed down upon the guide to the stricture, must represent a bougie with a small point, and an abrupt enlargement. Mr. Wakley is a theoretical surgeon — in fact it would be unreasonable to expect anything practical in one who constantly parades before us his title of M. P. for eighteen years, and simply calls himself surgeon. There is much more tact and judgment necessary to dilate a stricture after we are able to pass instruments than is generally supposed, and it is against the careless and inefficient treatment that is generally pursued that I am writing, rather than suggesting anything new. Dilitation can be made more or less rapid, according to the case. Some strictures are hard, callous and insensible, and will bear violence without taking on irritation; others are sensitive, and if we proceed too hastily, we create irritation, and I believe occasionally ulceration. I have observed that the finely polished conical instrument exercises an immense wedge power, and we should carefully consult the sensations of the patient, which will furnish a very correct guide as to the force that can be profitably used. A little pain must necessarily be felt on the first introduction of the instrument, and if it does not gradually subside, it should be withdrawn a little; in short, dilitation should be so applied as not to produce irritation, and when it is fully effected, the patient

should be fully warned of the almost certainty that the stricture will gradually and insensibly return, unless an instrument is occasionally introduced for some time. It is astonishing how neglectful patients are in this disease, even where they have suffered extremely. I can only account for it by the fact that they soon forget what a free flow of urine is; for sensible, observing patients will tell us that their urine flows as free as ever, when, in reality, it takes them three times as long to pass a given amount of urine. I generally furnish the patient with suitable instruments, instruct them to time themselves in urinating, and as soon as there is the slightest diminution in the flow, to introduce carefully the instrument. I met a patient a short time since who had suffered extremely; had fistula, etc., and passing little urine by the penis. I dilated the stricture, laid open the fistula, and gave him an instrument to use. He told me that at first he used it once a week, and then once in two weeks, once a month, and at the time I speak of he had not used it for six months, but observed that he thought it took him a little longer to empty his bladder than it formerly did, and that he intended the next day to prepare himself and introduce his instrument. It becomes necessary sometimes to use much violence to overcome a stricture, but it should not be followed up when a stricture is once overcome. A moderate sized instrument is sufficient to make wholesome pressure on the parts and favor the suffering of the indurated tissues preparatory to absorption, whereas, if we persist in the use of too large instruments, we, in our haste to effect a cure, defeat our object.

It is not for the want of knowledge on the subject that stricture is treated so badly, and so often ends so badly, but because the knowledge is so bunglingly applied.

Inflammation and deposition of lymph is the cause, in a majority of cases, and time is required to allow absorption and restoration of the tissues to their natural elasticity, and when this is accomplished, the parts must be left free from irritation or inflammation, otherwise the disease necessarily returns. Where fistulas exists, if they are direct and do not burrow, they will close, if the stricture is overcome. It is not necessary to keep an instrument in the bladder for the urine to pass through; indeed, very few can wear an instrument any length of time without serious mischief. When all obstruction is overcome, and the urine has a direct and unobstructed channel, it will not pass by the fistula, and granulations soon block it up, so that the patient suffers no inconvenience. If an instrument

is kept in the bladder, the patient suffers great inconvenience, and the bladder being irritable, contracts strongly when the disposition to empty itself occurs, and forces the urine beside the catheter into the fistula with as much certainty, if not more, than if left to flow through the urethra. Notwithstanding this disease is almost certainly under the control of the surgeon, if properly managed early, we have often cases presented to us, not only under great suffering, but in imminent danger of life. These extreme cases can generally be relieved by severe means and often restored to entire ease and comfort, if not to the entire use of the organs.

Observations on Yellow Fever:

By W. H. Ballard, M. D., *of Donaldsonville, La.*

So much has been said and written about yellow fever, and its fatality continuing so terrific, one must feel some reluctance in venturing to advance an opinion on the subject; but feeling an honest conviction of the correctness of my views on the subject, supported as they are by a fair proportion of success in the treatment founded upon them, and finding also that other methods have brought disappointment, and that those have been most fortunate whose treatment has assimilated to my own, I find myself persuaded to throw together a few observations on the subject, and, in doing so, shall not aim at much method, referring to the symptoms only so far as may be necessary to explain the practice.

It will be found that the opinions are derived from a variety of sources, and in many cases were not enunciated with reference to this particular disease; but I am convinced that the complaint, though specific in its nature, requires to be treated with reference to the known powers of the system, and the action of remedies upon it. The same may be said of any affection, but we fear sufficient regard has not been had to the fact, for many have prescribed quinine, or mercury, etc., as though it were a specific, and even, too, in the face of the most disastrous mortality.

We had abundant warning of the approach of the disease — ample time for studying the opinions of the most distinguished of our profession; to compare and balance them, and what did it amount to? That

the most opposite and conflicting views, as to its nature and treatment, were advanced, each claiming to be the correct one. Soon it was ascertained that the old practice was at fault; that mercurials, once relied upon, were useless or worse. It may appear superfluous to many to discuss the propriety of mercurials in this complaint, but as the books ordinarily consulted advocate it, or at least do not wholly reject its use, and especially as in certain places during this epidemic the remedy was relied on, I will inquire —

1st. What are the effects of mercurials on the healthy blood?

2d. Condition of the blood in yellow fever.

3d. Condition of the liver and its connexion with the disease.

1. "Mercury, (according to Dr. Samuel Wright, and quoted by Dr. Christison,) changes the blood materially in its constitution; renders it more watery; prone to *putrefaction;* less charged with albumen; coloring globules and fibrin, and loaded with a very fetid matter." Watson says, "mercury is most useful in *controling inflammation;* patients who are under the influence of mercury, grow *pale* as well as thin. 'Dr. Farrer says, it destroys *red blood* as rapidly as it may be by blood letting.' Mercury is injurious in diseases attended with *general debility* and an *irritable* condition of the *nervous system*, and a manifest tendency to take on a *typhoid* character."

2. "What is the condition of the blood in yellow fever?" Bartlet says, "the blood found in the cavities of the heart and large blood vessels, after death, seems to be very generally changed from its natural condition. Drs. Physic and Cathrall found it *fluid.* Dr. Stevens "found, instead of blood, a dissolved fluid, nearly as thin as water, and as black as ink." Same changes observed by others. Some found it deficient in fibrin, and dark; the clot soft and easily broken down. The statements of authors conflict somewhat, yet the weight of authority goes to prove that the blood loses its healthy properties.

3. "What is the condition of the liver?" Though the liver is generally found dry and of a yellow color, yet in those cases where it was dry and pale, *bleeding* had been *freely* used.

Now, from these facts, we must conclude, that a medicine which produces changes so similar in their obvious qualities with those found in a particular disease, and when so found are admitted to be unhealthy, ought not to be used in that disease. True, all do not advocate its constitutional action; still, as we possess so many equally efficacious cathartics, one so

open to abuse might well be dispensed with. Nor is it indicated by the presence of inflammation of the stomach. Dr. Ashbel Smith says, "the engorgement is not a condition similar to gastritis, at least to its common form. It does not give rise to the same aggregate of symptoms; it does not present essentially the same pathological appearances; its terminations are altogether unlike." Dr. Gillkrest says, "the stomach is free from what at the present day is admitted by the best authorities to be evidence of inflammation." Of the use of mercury, Dr. Smith says, "I bled and prescribed calomel. Returning, I found my patient had vomited, and the irritability of stomach increased. I repeated the calomel to quiet the stomach, and the same results followed. I had come fully to the conclusion that calomel was not the remedy, and I abandoned it." The irritability of stomach occuring in the complaint is only one of the manifestations of a general disorder, as much so as headache, etc.

The liver presents as few indications for its use, and in order to understand its agency, or rather *non*-agency in the complaint, we have but to refer to the ordinary symptoms of *acute* hepatitis to discover the unreasonableness of the supposition; and the disease is much too abrupt in its onset to permit us to ascribe it to a chronic affection of that organ. "It is too generally imagined that the primary disease which induces *fever*, is essentially *local* inflammation."—*Forbes.*

Besides, can we not account for its defective action on much more probable and equally rational grounds? I have quoted authority to show that the blood is materially changed—fluid, dark, deficient in the constituents of healthy blood. The same appearances have been observed in blood drawn during life. The perspiration of such patients is peculiarly offensive. So it is in small pox, in typhus, in miliary fever, etc., and yet these complaints are not ascribed to any local disease. What more probable than that this changed condition of the blood constitutes itself the disease? that it is inadequate to the healthy secretions, and to the renewal of the various tissues? This view is also sustained by the frequent hemorrhages from gums, ears, nose and womb; hemorrhage from this latter organ occurring frequently, either during, or previous, or subsequent to the attack, and without our being able to assign it to any other or usual cause.

Why should we attempt to throw the cures of the disease on any particular organ, more than in small pox, etc. Both anatomical examination and reason and experience forbid it. I have not seen a single case where

there was the least evidence of implication of the liver. True, I regard a discharge of bile as an auspicious occurrence, but only as a proof that the blood has not been sufficiently deteriorated to prevent its supplying the necessary elements for the formation of the secretion.

The disease is strikingly different in some respects from the epidemic we had here in '52. I have seen but one or two cases where the skin was at all yellow; in fact, it has been observed that many who experienced an unusually severe attack, presented a remarkably clear skin.

Nearly every physician has his own mode of treatment, and each claims a measure of success. All, certainly, cannot be right. Quinine has been used by many. I have not used a grain with the view of checking the fever or curing the disease; in fact, excepting two or three cases, have given none, and in those in very small doses as an after tonic. That the course pursued by myself may be judged by the result, it is proper to say that my cases have not been very numerous—say about forty-five, white and black. Of these, three died of the *disease*, and another in a fair way of recovery, killed himself with brandy. One of the "three" was a Creole negro, on a plantation, where there had been no well marked case, and who was treated with quinine for intermittent fever; what agency it had in killing him, I cannot pretend to say. Some of these cases had black vomit—four white and three blacks; four recovered, and one negro and two whites died after it.

The treatment pursued, was to *move* the bowels *simply*, and for this purpose *small* doses of oil, repeated if necessary, and assisted with enema, were found sufficient. Though slow to move at first, they were easily urged to hypercatharsis, which was sedulously avoided. When the skin was hot and dry, mustard foot baths were used, perspiration being sustained by warm drinks—lemonade, etc. Nausea and vomiting were relieved by mustard to the epigastrium, assisted by small doses of sugar of lead, which had a most happy effect; it also *seemed* to relieve the restlessness, so much so as to strike the attention of those around, and I was asked if the prescription did not contain opium. The second day after the disappearance of the fever, small quantities of very thin chicken water were allowed, and gradually increased, several days elapsing before the least solid food was permitted. The most absolute quiet was maintained. I was in no haste to give stimulants, and to this circumstance I attribute the comparatively rapid recovery, and the escape from abscesses, etc. Two or three cases, where the pulse continued quick and frequent, were apparently benefitted by the use of chlorinated lime.

This may be considered much too mild a treatment for so formidable a disease, and that it only proves that a person may *recover* from yellow fever. The course was suggested by the view I took of its nature, and think it is sustained by the results. Every one must be satisfied that mercury is inadmissable, and if the *blood* is the seat of the disease, no one could think of *curing* it by bleeding. What treatment has been found sufficient? Who has not heard quinine reproached with the death of the patient? Why is it used, to check the fever, or prevent its return? We must think that it can only subdue the fever by diminishing at same time the strength; and as yellow fever is not characterized by a tendency in the fever to return, it is not indicated on that score. Dr. Lewis says, "it is a malady of but one paroxysm, with phenomena peculiar to each stage, depending upon the degree of change which may have taken place in the *blood* and solids at the *onset* of the attack." He also says of quinine, "that it is a popular and well founded impression, that when given in adynamic diseases, in large doses, its effect is decidedly sedative." A late writer in the "Lancet" says, "I have seen recommended by an eminent surgeon, frequent stimulation of a patient in danger from chloroform. The following experiments seem full of meaning on this point. I placed two frogs under the influence of chloroform to the same degree. One I stimulated incessantly by irritating the skin; the other I left quiet. The first became more and more feeble, and would, I think, have died, had I persevered; the other recovered in a few minutes!! Too frequent stimulation would, as in the case of the frogs, exhaust nervous energy."

There is great debility, and disorder of the nervous system, all will allow, and I cannot help thinking stimulation, either with quinine or otherwise, would operate in the same way—exhausting the main strength and impressibility. Nor does it possess any quality which would adapt it to the restoration of the healthy properties of the blood, and it would be the dictate of prudence to use means of such questionable utility with a sparing hand.

In treating a disease which has so long resisted our efforts, sound policy demands that we watch a course narrowly, acting only when the indications are clear, and then only to attain a definite object. What are we to attempt in the yellow fever? What organ, what tissue, what function is exclusively deranged? These are questions difficult to answer, and until a rational practice is pursued, they never will be.

Many talk of cutting short the "fever," *i. e.*, diminishing the fre-

quency of the pulse, and relieving heat of skin, as if by so doing, they were curing the disease. These are mere symptoms, expressions of certain derangements, and must subside with those derangements. Who would think of curing small pox or scarlet fever by cutting off the fever with bleeding, etc.? True, when this condition produces a secondary complication, congestion of brain, etc., we know what we may have to contend with, and must endeavor to avert the mischief. But there is necessary a certain amount of strength to enable the system to recover from the effects of any disease, and we must use caution not to reduce it to an injurious degree.

Besides, in some of the most violent attacks, both of yellow fever, congestive fever, etc., the system is *overwhelmed* at once, and that most obvious *symptom*, fever, is not manifested at all. Dr. Lewis says, in *mild* cases, "the pulse is more rapid, the skin hotter, and more pain and restlessness than in those of a grave character." Therefore, when the other symptoms are violent, I consider a strong fever, instead of being an unfavorable indication, is the reverse, displaying a strength of system commensurate to the violence of the cause; to reduce the one, we must at same time diminish the other.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, *by Dr. Philip Ricord*,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. VII.

In preceding lectures we treated of chancres, its varieties and treatment; in this we will speak of buboes, which, with Hunter, we will define to be an engorgement of a ganglion, or of a lymphatic vessel, caused by the absorption of a venereal poison. But you will readily perceive that even this definition, as precise as it seems to be, admits of several varieties of buboes. The impossibility of always being able to determine the nature of certain glandular swellings has induced most authors to call *buboes*, not only all glandular engorgements accompanied by chancres, but also those preceded by blennorrhagia, and even by suspicious sexual intercourse.

This last variety, however, reason forbids us to admit. To be precise we will divide buboes into two clases: *virulent* and *simple.*

The first class we will subdivide into primary and secondary syphilitic buboes.

1st. The primary syphilitic bubo: This is a swelling of a lymphatic ganglion, or vessel, caused by the absorbtion of the syphilitic virus, which swelling is always preceded or accompanied by a chancre. This rarely occurs during the first days of the existence of the chancre which produces it, but most always after one or two weeks have elapsed.

The situation of the chancre, as we have said before, exercises a great influence on the production of buboes; for those of the inferior portion of the glands or frænum, much oftener give rise to it than any others. This is probably owing to these regions being more freely supplied with lymphatic vessels.

Virulent pus generally passes through lymphatic vessels without affecting them, but at times it happens that the virus stops before reaching the ganglia, and produces a virulent lymphangitis. This is the exception. The only ganglia which can possibly be affected by the syphilitic virus are those which are directly connected with the chancre by lymphatic vessels. Beyond the first lymphatic ganglia virulent pus never produces primary syphilitic buboes, for it is never transmitted from one ganglion to another. The foregoing facts show that, generally, there must be but one ganglion affected, but it may be easily conceived how a chancre of uncommon size or the existence of several chancres connected by numerous lymphatic vessels, can give rise to several buboes simultaneously. Primary syphilitic buboes are then nothing else than chancres, situated in lymphatic ganglia. A fact which should be borne in mind when we come to the treatment.

We have seen then that virulent pus can be absorbed by lymphatic vessels and ganglia, and there cause regular chancres, which still can be reproduced by inoculation; but this property it loses when it is taken up by the venous circulation. We must admit then two different modes of absorption—1st, the lymphatic absorption, which gives rise to virulent buboes; and 2d, venous absorption, which produces an infection of the whole system or secondary syphilis, no longer transmissible by inoculation. Primary syphilitic buboes may then be considered as complications; and as they are nothing else but an extension of the primary disease, they are in every respect governed by the same laws which regulate this last, and must necessarily be modified by the same individual conditions which influence chancres. If the chancre which preceded the bubo be not indurated, the bubo will be inclined to inflammation and suppuration, while it never suppuracts

if the chancre be indurated. The knowledge of these facts is of great value to the practitioner in making his prognosis, for experiments and observation have positively determined that when the secretions of a bubo can be reproduced by inoculation, that bubo is never followed by secondary syphilis; while, on the other hand, buboes indicating the infection of the system rarely suppurate, and when they do, it is always owing to some accidental cause, and the pus can never be inoculated with any positive results.

In order to produce the primary syphilitic bubo, the virus must be directly taken up by the lymphatic vessels, and carried through them to a ganglion, or must be deposited on the sides of the vessel, which it destroys; it then acts upon the cellular tissue, in the same way as when introduced into a follicle, and produces a chancre which causes destruction of the tissues, until it appears at the surface.

We now come to the second variety, which we termed the *simple* or *non-virulent* bubo. This variety occurs even with the existence of chancre; the syphilitic virus however is never absorbed, but gives rise to an irritation and inflammation of a simple kind, as any other irritant may do, not acting in a specific manner. This irritation may extend along the whole course of the lymphatic vessel until it reaches the glands, or by a sympathetic action, which the extremities of canals exert, the intervening portion of the lymphatic may apparently be free from disease and the simple irritation of the surface be carried to the gland.

This variety of bubo never produces inoculable pus, and therefore does not infect the system. This form often accompanies blennorrhagia. Secondary syphilitic buboes, occur as secondary manifestations. Here the connection between a sore and lymphatic vessels is not necessary: the whole lymphatic system may be affected; but the glands most often found affected are the posterior cervical, axillary and inguinal glands.

When a chancre assumes the indurated form, several superficial inguinal glands become enlarged to the size of a hazel nut or larger, generally most numerous on the side corresponding to the chancre. This enlargement is attended with no pain, but has an elastic feel, and the patient will tell you that he has no bubo. The glands may remain in this indolent state a long time, and never show any disposition to suppurate.

The diagnosis between the primary and secondary syphilitic bubo is simple enough; for when, together with an indurated sore, we find several glands in both groins enlarged, which have no tendency to suppurate, we may safely pronounce that the whole system is affected. Whereas, in the inflammatory bubo we meet with enlargement of one gland only, which soon

hurries on to suppuration. The difference between this variety of bubo and the scrofulous bubo is, that the last is always a swelling of the deep-seated ganglia, while in the first, the superficial glands are affected, besides the presence of an indurated sore to which you can trace the bubo.

We have placed this enlargement of the inguinal glands, symptomatic of an indurated chancre, though they are always accompanied by a chancre, among the secondary syphilitic buboes, because in them we have evidence of a general infection, and, moreover, they yield no inoculable pus. The existence of an indurated chancre without an engorgement of the corresponding ganglia is never observed, whilst all unindurated chancres do not give rise to buboes.

The lymphatic glands of the groin frequently remain enlarged after the entire disappearance of the ulceration which has given rise to them. In chancres at the anus, the position of the enlargement of the inguinal glands deserves notice. Should the sore be situated at the posterior margin of the anus, the bubo will form on the upper and outer edge of the groin; and, on the contrary, the anal chancre is seated on the anterior margin, the bubo will form on the internal corner of the groin, the rendezvous of the lymphatics of that region.

[*To be continued in following numbers.*]

Excerpta.

Clinical Lecture on Constipation, Delivered at the Hotel Dieu, Paris.—*By Professor Trousseau.*—What is constipation? It should be defined: the difficulty of excretion of the fæcal matter, unconnected with organic lesion. Defecation is prevented by a tumor, by a hernia, by intestinal stricture, by any lesion obstructing the intestinal canal, which is purely mechanical. The individual constipated does not go to stool, which is the only phenomena observed. It may depend on various causes. In the first place, there may be constipation, as it were, physiological, arising from the constitution of individuals. Sometimes a person will eat naturally very little, much less than another, and besides he may be endowed with a remarkable power or assimilation. One can then readily conceive that the quantity of matter to be expelled may not be sufficient to stimulate the intestines; it is retained until there is the requisite amount. This stoppage is a cause of discomfort. Others, on the contrary, with voracious appetites, do not assimilate more than others, and there remains a large quantity of fæces, and yet they are constipated. The latter are constantly oppressed, and it is in reality an affliction. These are properly called constipated persons.

Defecation, the last act of digestion, one of the most complicated operations of the organism, might be deranged in many ways. Constipation in general ought to arise from various causes, and among these intestinal inertia, the deficient secretions of certain glands should occupy an important position in estimating the causes. There are those whose secretions are evidently more abundant than usual. One will perspire much, and the secretion of saliva and urine will be diminished; the contrary will be observed in others; very often the secretory functions will act at the expense of each other.

May not the pancreas and liver also suffer from the consequence of the excessive flux which takes place in other organs, and find their liquid secretions diminished in a corresponding ratio? The consequence would be less liquid to lubricate the mucous membrane of the intestines. This idea, though it may appear hypothetical, is as admissable as many others which are received in medicine. Why are not the liver and pancreas thought of when there is reason to suspect a dryness of the intestines, for the same reason that we are naturally led to suspect a disease of the kidneys, when something wrong is observed in the urine?

Among the causes of constipation, we shall notice particularly the *food*, *habit*, the *abuse of purgatives*, some affections foreign to the intestine, the weakness of age.

1. *Food.*— There are individuals who eat so little that there is not sufficient excrementitial matter to furnish regular stools. Some food is so easily digested and taken up, that there is scarcely any residue. Rice disappears almost entirely during digestion, hence it is so often used in diarrhœa. The vegetable diet is the least nourishing, and it gives most copious stools, as evinced in the amount of excrements of the herbivorous and carnivorous animals.

2. *Habit.*— If we neglect to attend to our bowels, and if we overcome the inclination, the desire will cease, and we may not then feel so inclined for several days. Constipation thus brought on is not the less resisting or less difficult to cure. It is in this way that so many women become badly constipated, and men whose minds are intently and incessantly occupied, and whose habits are sedentary.

3. *Irritants.*— Purgatives, pills, powders, enema more or less active in their action, even cold water; in a word, all the laxatives and purgatives too often employed, destroy the susceptibility to irritation of the intestines. In the same way tobacco, after stimulating the glands of the nose and mouth, in reality diminish their natural secretions, which cease, or greatly diminish as soon as its use is left off. In persons accustomed to the use of injections, the intestines become torpid. This cause of constipation is often met with in the fashionable world, for these ladies empty the contents of their bowels with injections, in order not to be further troubled during the day. The enema lose by degrees their efficacy, and as more stimulating means are used, they finally suffer from the most obstinate constipation.

Parturition, fissures of the anus, certain uterine displacements, hemorrhoids, render defecation very painful, and the act is postponed as long as possible; hence a secondary constipation which does not always cease with the cause.

Sometimes from bearing one or many children, the abdominal parieties becomes so soft and flabby, that they cannot contract; the intestines are deprived of a powerful auxilliary; they lose their power, and constipation takes place.

In old persons, all the faculties and functions are weakened. Defecation, micturation and digestion is impaired more or less, and they have retention of fæcal matter, in the same way that they have retention of urine without any organic lesion. The intestines torpid from age, relaxed and weakened, are not able to expel their contents, giving rise, as they are easily distended, to an enormous collection.

Constipation is a serious disease, which should claim the greatest attention; for even when not dangerous of itself, it complicates the slightest indisposition, and occasionally gives rise to hypocondria, which is sometimes most deplorable in its consequences.

The treatment should be directed to the cause. We do not cure constipation by giving the patient a proper evacuation, no more than we cure sleeplessness with opium.

First, we should regulate the function. The will of the patient should by all means be brought into play. Every one knows the force of habit on certain functions. The habit of attending to the bowels, is the same as that of urinating at certain hours, of shaving and washing one's face in the morning. When it is contracted, it is difficult to give it up.

The constipated person should go to the water closet at the same hour, and use all the force of will, and make every effort, and this course should be persisted in for some time.

The diet should be varied. Instead of keping them on low diet, as is often done, they should have nourishing food, in order to favor digestion and afford abundant residue, which has the tendency of forcing the intestines to get rid of it. Give them roast beef, and advise them to eat as much as possible.

Sometimes it will be necessary to give to the *will* an adjuvant to facilitate an act which habit has in a great measure destroyed. We must avoid purgatives; yet we must favor defecation. Belladonna is the medicine *par excellence*. It does not purge, but renders defecation more easy. Whence this property? it is difficult to say. Yet is there not reason to believe that, like other remedies, besides its special and definite action, it has a certain power over certain functions and certain organs. Opium excites the skin powerfully; digitalis the urinary secretion, belladonna may also have a certain action on the liver, the pancreas, or any of the glands which give their secretions to the intestines. We know positively, for it is constant, that a fifth of a grain of the extract of belladonna is sufficient to produce one or more evacuations. The doses may be increased, but it is rare that we should give as much as one grain. From the moment that the habit is established, we must diminish by degrees.

Suppositories are often used, and they succeed generally well. The oil of the cocoa, or honey solidified. They act as irritants placed at the rectum, but the effect is propagated to the whole intestinal canal.

Fiually, if constipation is due to flaccidity of the abdominal walls, we must have recourse to an abdomiual band tightly applied.

Miscellaneous.

Physico-Medical Society—*Session, May 6th*, 1854—*Dr. R. Bein, President.*—Dr. McKelvy reported some cases of varioloid and scarlet fever.

Dr. Nott reported some cases of measles.

Dr. Hunt had seen a great many cases of measles; also a good deal of diarrhœa and dysentery. Dr. H. spoke in favor of the treatment of old ulcers by position, cleanliness and diet; this method, without any medication, he had found as successful as any. Dr. H. reported some cases of traumatic tetanus.

Dr. Axson had met with scarlet fever, neuralgia and rheumatism, in his practice. Dr. A. mentioned a case of persisteut hiccough in a young boy, following a fall; in consequence of the boy having left the city, Dr. A. was not able to follow up the case.

Dr. Copes reported several cases of erysipelas; also, an interesting case of gastro ententis.

Dr. McGibbon had seen in the Charity Hospital a case of imperforate anus, which was entirely relieved by surgical treatment.

Dr. Bein reported a fatal case of hooping cough, complicated with spinal irritation.

Dr. Nott remarked in regard to the treatment of ulcers, as mentioned by Dr. Hunt, that this mode of treatment would like many others prove only temporary.

Dr. Gale had found in his experience that the treatment, as pursued by Dr. Hunt, answered as well as any other.

Dr. Nott read to the society a communication, he had lately received from a medical friend, in regard to the medicinal virtues of the *verbuscum thopsus*. In the region where this plant has been used, it was found as efficacious as quinine in checking intermittent fever. The plant contained a yellow volatile oil, a bitter principle, etc., etc. As it was easily obtained in this vicinity Dr. N. thought it worthy of a trial.

It was mentioned as having great virtues in the treatment of botts in the horse. Dr. N. thought this to be dependant upon the prickles found upon the leaves, acting mechanically on the horses.

National Medical Association.—It cannot be expected that we should give more than a brief abstract from the transactions of the American Medical Association, which convened on the 2d of May, in St. Louis; nor do we regret that the limits of our journal will not permit it, for there is but little which would be interesting or instructive to our readers.

Dr. Usher Parsons, of Providence, Rhode Island, took the Chair, and called the Convention to order; announcing that Presidents and Vice-Presidents of past Conventions were entitled to seats on the platform.

Dr. Edwin Lemoine, of St. Louis, took his place as Secretary.

The Secretary then read letters from Dr. Knight, President of the Association, announcing his unavoidable absence; and also a communication from J. G. Adams, M. D.

The President said that the Association were ready to hear from the committee of arangements.

Dr. Washington, chairman of said committee, reported; and addressed the Convention, welcoming the delegates.

The President addressed the Convention, and called the roll, beginning with those from the State of Maine.

There were present nearly 200 members—most of the States and medical societies were well represented.

The following are the names of the officers, nominated by the nominating committee, for the ensuing year:

President.—Charles A. Pope, of Missouri.

Vice-Presidents.—E. D. Fenner, of Louisiana; N. S. Davis, of Illinois; W. T. Wragg, of South Carolina; and John Green, of Massachusetts.

Secretaries.—Edwin S. Lemoine, Missouri, and Francis West, Pennsylvania.

Treasurer.—D. F. Condie.

It was moved, that Philadelphia be the next place for the next annual meeting of the association. Carried, unanimously.

May 3d.—Convention met at nine o'clock.

Members were admitted, and registered their names.

Dr. Atlee moved that a memorial from the American Medical Society of Paris, be read:

In this, plans were urged on the Convention for raising the standard of medical education in this country. It excited some commotion; was discussed; and finally laid on the table, as an insult to the profession in this country.

The next business was, the receiving the reports of special committees.

Several committees were continued.

Dr. Mendenhall, of Ohio, read an abstract of a report on epidemics, in Ohio, Indiana and Michigan; describing the geological features of those States, and the present diseases during the years 1852–53. The report was referred to the committee on publication.

Dr. Atlee, of Pennsylvania, called on his brethren from all parts of the Union to give their aid to the committees, in gathering the requisite information in regard to the prevalent diseases of the country.

Dr. Fenner, of Louisiana, chairman of the committee on the epidemics of Louisiana, Mississippi, Texas and Arkansas—read a report on that subject; describing the effects and operations of yellow fever and cholera. Referred to the committee on publications.

Prof. Linton, of St. Louis—on motion of Dr. Mussey, of Cincinnati—expressed his views on yellow fever. He repudiated the idea of malarious influence in producing the disease; and attributed it to heat and Northern blood.

After other reports and business were disposed of, a letter from Dr. Williams was read—calling up resolutions, introduced a year previous, providing for the appointment of a standing committee, to gather facts connected with the history of eminent members of the association, with brief sketches of their lives, and publish them in the transactions of the association. The resolution was passed.

May 4th.—The convention met at nine o'clock.

After transacting some business, Dr. Eaves offered a resolution providing for the appointment of a committee of three, to report on the best means for preventing the introduction of diseases into our cities. Carried.

Under the resolution, the president appointed the following gentlemen: S. H. Dixon, J. H. Griscom, and E. D. Fenner.

Dr. Linton, of Missouri, offered a resolution—declaring that the system of quarantine affords ineffectual means for the prevention of the introduction of epidemics into our country. Laid on the table.

The nominating committee reported the committees for the ensuing year.

Report—The committee of nominations, in fulfilling the duty imposed upon them, recommend the continuance of several of the special committees previously created, and the appointment of some new ones, They, therefore, submit the following list of chairmen of special committees, with the subjects to them committed:

Dr. Worthington Hooker, of New Haven, Conn., on epidemics of New England and New York.

Dr. John L. Atlee, of Lancaster, Penn., on epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

Dr. D. J. Cain, of Charleston, S. C., on epidemics of South Carolina, Georgia, Florida and Alabama.

Dr. W. L. Sutton, of Georgetown Ky., on epidemics of Tennessee and Kentucky.

Dr. Thomas Reyburn, of St. Louis, Mo., on epidemics of Missouri, Illinois, Iowa and Wisconsin.

Dr. George Mendenhall, of Cincinnati, Ohio, on epidemics of Ohio, Indiana and Michigan.

Dr. E. D. Fenner, of New Orleans, La., on epidemics of Mississippi, Louisiana, Arkansas and Texas.

Dr. James Jones, of New Orleans, La., on the mutual relations of yellow and billious remittent fevers.

Dr. D. F. Condie, of Philadelphia, on the causes of tubercular disease.

Dr. Joseph Leide, of Philadelphia, on diseases of parasitic origin.

Dr. A. P. Merril, of Memphis, Tenn., on physiological peculiarities of diseases of negroes.

Dr. Joseph N. McDowell, of St Louis, Mo., on statistics of the operation of removing stone in the bladder.

Dr. F. Peyre Porcher, of Charleston, S. C., on the toxicological and medicinal properties of cryptogamic plants.

Dr. Daniel Brainard, of Chicago, Ill., on the constitutional and local treatment of carcinoma.

Dr. George Ingleman of St. Louis, Mo., on the influence of geological formation on the character of disease.

Dr. Henry Taylor, of Mount Clemens, Michigan, on dysentery.

Dr. Horace Green, of New York, on the use and effects of applications of nitrate of silver to the throat, either in local or general disease.

Dr. P. C. Gooch, of Richmond, Va., on the administration of anaesthetic agents during parturition.

Dr. Charles Hooker, of New Haven Conn., on the diet of the sick.

Dr. E. R. Dabney, of Clarksville, Tenn., on certain forms of eruptive fevers, prevalent in Tennessee.

Dr. Sanford B. Hunt, of Buffalo, N. Y., on the hygrometrical state of the atmosphere in various localities, and its influence on health.

Dr. F. H. Hamilton, of Buffalo, N. Y., on the frequency of deformities in features.

Dr. M. M. Pallen, of St. Louis, Mo., on puerperal convulsions.

Dr. G. G. Walker, of St. Louis, Mo., on diseases of the prostate gland.

Dr. H. A. Johnson, of Chicago, Ill., on the excretions as an index to the organic changes going on in the system.

Dr. L. H. Anderson, of Sumpterville, Ala., on the typhoid fever and its complications as it prevails in Alabama.

Dr. W. H. Byford, of Evanville, Ia., on the pathology and treatment of serofula.

Dr. N. S. Davis, of Chicago, Illinois, on the nutritive qualities of milk, and the influence produced thereon by pregnancy and menstruation in the human female, and pregnancy in the cow; and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supercede the present defective and often unwholesome methods of supply.

Dr. E. B. Haskins, of Clarkville, Tenn., on microscopical investigations of malignant tumors.

Dr. G. R. Grant, of Memphis, Tenn., on the sulphate of quinine as a remedial agent in the treatment of fevers.

Dr. R. R. McIlvaine, of Cincinnati, Ohio, on the study of pathology at the bed side.

Dr. E. S. Cooper, of Peoria, Illinois, on orthopedic surgery.

Dr. A. H. Jeeter, of Palmyra, Mo., on the *modus operandi* of the envenomed secretion of healthy animals.

Dr. Samuel M. Smith, of Columbus, Ohio, on insanity.

Dr. René la Roche, of Philadelphia, on the jaundice of yellow fever in its diagnostical and prognostical relations.

Dr. C. Q. Chandler, of Rocheport, Mo., on the malignant periodic fevers.

Dr. S. B. Chase, of Portland, Me., on typhoid fever in Maine.

Committee on Plans of Organization for State and County Societies.—A. B. Palmer, M. D., Michigan; R. R. McIlvane, M. D., Ohio; D. L. McGugen, M. D., Iowa; E. R. Pesley, M. D., New Hampshire; T. Lipsomb, Tenn.

Committee on Medical Literature.—R. J. Breckenridge, M. D., Kentucky; O. M. Langdon, M. D., Ohio; A. A. Gould, M. D., Massachusetts; D. L. McGugen, M. D., Ohio; J. B. Flint, M. D., Kentucky.

Committee on Medical Education.—Wm. A. Anderson, M. D., Alabama; A. Lopez, M. D., Alabama; A. Murray, M. D., Michigan; F. A. Ramsey, M. D., Tennessee; R. D. Ross, M. D., Cherokee Nation.

Committee on Prize Essays.—R. Laroche, M. D., Penn.; Isaac Hays, M. D., Penn.; Alfred Stille, M. D., Penn.; J. B. Riddle, M. D., Penn.; G. W. Norris, M. D., Penn.; Joseph Carson, M. D., Penn.; Joseph Leidz, M. D., Penn.

Committee of Arrangements.—J. Hays, C. Emerson, W. Jewel, A. Stille, J. B. Riddle, F. West, W. V. Keating—all of Pennsylvania.

Committee on Publication.—P. Earle, New York; F. Condie, Penn.; E. S. Lemoine, Mo.; F. West, Penn.; A. March, New York; E. H. Davis, New York; C. R. Gilman, New York.

Dr. Rayburn, of Mo., moved that the report be adopted by striking out that part relating to the publication of the transactions of the Association in New York. Considerable debate ensued. The report was received and referred to the Committee of the Whole. Dr. Reyburn's motion was accepted. A motion was then made that the report of the Committee of the Whole be adopted, pending which the Convention adjourned.

The Convention met at 3 o'clock, and after transacting the remaining business and reading some reports, adjourned to meet the next year in Philadelphia.

The next day, the hall of the Mercantile Library was an object of much interest in view of the extensive preparations made by the profession in that city to entertain their brethren from abroad at a banquet. The tables groaned with all the delicacies the market afforded, and appeared more like a sumptuous repast we read of in Oriental stories than the realities of modern luxuries. The room was completely festooned with plants and flowers. We must stop here; on the whole, the room must have presented a magnificent and imposing sight, Many admirable toasts were given, many eloquent speeches made, and much original poetry read; our journal would not contain them.

CHARITY HOSPITAL.

Since our last number, the following operations have been performed: Two amputations — one of the fore arm, one of the breast; two operations on the eye — one for artificial pupil, the other extraction of cataract; removal of cancer situated on the inferior lip; and reduction of strungulated inguinal hernia.

The amputation of the arm was rendered necessary in the case mentioned in the last reports, of a fracture of long standing, which had terminated in extensive disease of the carpal and metacarpal bones. The operation was performed immediately above the carpo radial articulation, a small portion of the heads of the ulna and radius being removed. The flaps united in part by first insertion, and the patient's general health, which had been seriously impaired by the long existing source of irritation, is now rapidly improving.

The amputation of the breast was for cancerous degeneration. An cliptical incision was made, and the diseased parts removed. The wound has nearly healed, but there is considerable engorgement of the axilary glands, and it is not improbable that these may be effected with the disease.

One operation for artificial pupil was made on the other eye of the patient whose case is mentioned in the last number of the journal. The same operation as is there deseribed was performed in this instance. The results cannot be told yet. The eye operated on three weeks since, is much improved. The pupil is perfect, and serves the patient to conduct himself.

Extraction was performed on one eye of a patient affected with double hard lenticular cataract; the operation by the superior section of the cornea was made. The lens was extracted without accident, and every thing promised well; union of the flap took place, and the case proceeded favorably for three or four days. When least expected, a violent inflammation ensued, attended with pain, œdema of the lids, chemosis, lachrymation, etc. The patient was leached, ptyalised, and treated otherwise antiphlogistically. The inflammation has now in part subsided, but it is to be feared that irreparable injury has been its result.

The patient with cancer of the lip had been thus afflicted for a number of years. The disease had progressed rather slowly. Nearly three-fourths of the inferior lip was affected, but ulceration had progressed more rapidly on the right side, so much so as to leave some of the teeth exposed. The gums were also implicated. The operation was as follows: The diseased portion having been removed, two incisions were made, extending from the angles of the mouth downwards over the inferior maxillary bone, as far as the os hyoides. This flap was then dissected from its attachments, and brought up in such a way as to replace in a measure the portion which had been removed. The parts were united with pin sutures, and the patient's head placed in an immovable position. The case promises well.

A woman was brought into the hospital suffering with strangulated hernia, of three days' standing. After several fruitless attempts at reduction, this was finally affected by the application of freezing mixtures to the part, (pounded ice and salt,) the inhalation of chloroform, and the taxis. This system of treatment cannot be too much lauded.

There are several cases of recent fracture in the surgical wards, one of which, a compound fracture of the inferior maxillary bone, is somewhat interesting.

Two rather singular cases, one of gangrenous ulcer of the leg, and another of the foot, may be noticed. The gangrene of the leg extends over nearly half of the anterior portion of the limb, and is the result of a comparatively slight burn. This patient has also on his elbow, and some of his fingers, gangrenous spots, which have made their appearance since his entering the hospital. The other case is nearly similar, the anterior portion of the foot from the ankle to the toes being affected; the gangrene took its origin in the irritation produced by a tight shoe. These men both belong to a class quite numerous in this city, who earn a somewhat precarious living by fruit selling, fishing, etc.; they are Mexicans, and usually live on poor fare, of which garlic and bread constitutes the greater part. It has been remarked by surgeons of extensive experience in this city, that diseases in these persons generally assume a low form; operations performed on them are not so likely to result favorably; there is a tendency to gangrene, and, altogether, their constitution seems to be below par. The two cases mentioned are being treated with local applications of quinine and tannin, equal parts, a generous diet, tonics and wine. It is difficult to say what the result will be.

There have been lately two cases of pistol shot wounds brought to the hospital. In one the bullet entered the nates, and is lodged near the great trochanter. In the other the deltoid was penetrated, the ball ranging upwards under the skin of the neck, grazing the jawbone, and lodging probably under the tongue.

Two instances of singular precocity may be mentioned. A boy aged about eleven, with blennorrhagia and epididymetis; and one of six years with well marked indurated chancre on the prepuce, and engorgement of the inguinal glands. In both cases the diseases were contracted in a *legitimate* manner.

The medical wards are quite empty, and present nothing of much interest. There have been some few cases of cholera. With regard to the rumor of the existence in the hospital of yellow fever, there is no truth in it, and it is difficult to conceive how such a report got abroad.

Charity Hospital Reports.—From May 13th to May 27th, inclusive:

Admissions,	350
Discharges,	269
Deaths,	37

Births, 9; of which 7 were males, and 2 females.
Still-born, 2 (twins).

Bibliographical Notice.—We have received, from the publishers, "Types of Mankind, or, Ethnological Researches: based upon the ancient monuments, paintings, sculptures, and crania of Races, and upon their natural, geographical, philological and biblical history; illustrated by selections from inedited papers of the late Samuel George Morton, M. D.; Prof. L. Agassiz, L. L. D.; W. Usher, M. D., and Prof. H. Patterson, M. D.: by J. C. Nott, M. D., of Mobile, Alabama, and George R. Gliddon, formerly U. S. Consul, at Cairo."—Philadelphia: Lippincot, Grambo & Co.

The work consists of 738 large octavo pages, richly illustrated with lithographic drawings, wood cuts, etc. The limits of our journal do not admit of an elaborate review of the work. The writings of Morton, Agassiz, Nott, Gliddon and Usher, men who have made the subject of their respective treatises the study of a lifetime may not be lightly criticized. The book is an evidence of the enterprising spirit of the age, and of what may be accomplished by individual energy, unaided by special patronage.

Notices of Exchanges—We have received the following journals in exchange: the "American Medical Monthly;" the Transactions of the Medical Society, of the State of New York; the Transactions of the Medical Association, of the State of Alabama.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. JUNE 15, 1854. NO. VIII.

If the truth were suffered to come out, we should sometimes see in the newspapers such advertisements as the following:

Wanted—By a family moving in a high circle, a young woman, respectably connected, and thoroughly conversant with the French, German, Spanish and Italian languages, music and dancing, to take charge of the education, wardrobe, health, cleanliness and manners of several children. She must also be a good seamstress, and clear-starcher. She is expected to make up her own bed, and to sit at the second table. Terms twelve dollars per month, besides board and lodging. The best of references required.

It is respectable to advertise for a private tutrix, and it is convenient to have such a one; but it would be neither creditable to a family moving in a high circle to have such an advertisement as this, nor is it humane to require such duties for any compensation short of love and marriage. None but a corporate body would have the effrontery to put in such an advertisement. None but a body corporate could have originated and given to the world sections 13, 14 and 15 of the health ordinance, recently adopted by a branch of the Council of the city of New Orleans. Those sections read as follows:

Section 13. The city is hereby divided into six health wards, to be apportioned by this department, in each of which there shall be established a dispensary, under the instructions and surveillance of the Health Department, whose medicines shall be distributed to the poor gratuitously on the certificate and prescription of the dispensary physician of said ward, on his being satisfied of the inability of the sick to pay for the same, which certificate shall be duly recorded as a voucher for the same. The dispensary physicians, six in number, shall, after the first day of May, 1855, perform the duties at present devolved upon the two city physicians, such as holding coroner's inquests, visiting lock-ups, prisons, House of Refuge, etc.; and that the ordinance constituting the appointment of two city physicians be and is hereby repealed, after the first day of May, 1855. *The re-*

muneration for such services shall be $600 *per annum*, payable monthly; each physician to be a resident of the dispensary district for which he may be appointed.

Sec. 14. The City Council shall elect immediately, and hereafter in the first week in May of each year, a physician, *duly qualified by experience, of at least five years in this city, of the diseases of the climate, of education, of which a diploma from some recognized respectable medical college shall be required, and of good moral character, to each dispensary district.*

Sec. 15. It shall be the duty of said physicians to *attend the poor of said districts, respectively, gratuitously prescribing for them at the dispensary at some regularly appointed hour, and at their houses, when they shall be unable, from disease, to attend the said dispensary; to vaccinate the poor, and to report the condition as to salubrity and of the character of the disease prevailing, and a record of each case prescribed for, to the Health Department, in writing, weekly; in default of which the power of removal is hereby given to said department*, and temporary substitution, until his place shall be regularly filled by the Council.

Here is the "penny worth of bread to the intolerable deal of sack;" the head of gold with the feet of clay; the face and bosom of a maiden with the body of a fish; benevolence with the miser's coat on; treating and hanging the expense, with a vengeance! So much for so little was never heard of before this side of the smallest star which revolves around Sirius, except in Utopia.

The first thing which strikes one in reading this, is the enlarged benevolence of the design, but the next thing is the stingy onesidedness of the execution. We presume that the Assistant Aldermen, governed by the maxim, "the greatest good to the greatest number," designed to propitiate the Fates and Furies towards the poor, by devoting annually to solemn sacrifice, by starvation, six doctors. We should not object to this, if the Fates and Furies and Common Council would be contented with homœpaths, steam doctors, and such like; but no, they require physicians duly qualified by at least five years' experience, who have diplomas and a good moral character. The sacrifices to the Minotaur could be nothing but youths and virgins.

What six physicians, possessing these necessary characteristics, do the Assistant Aldermen expect to perform these duties for this pittance? A diploma, five years' experience, and a good moral character, imply that a man has devoted himself to toil in the study, the dissecting room, and the laboratory, day after day, and night after night, with wearied eye sight, burning brain and aching limbs; they tell of broken rest, anxious solicitude and painful attentions to the living sick; they imply money, perhaps all which could be got by labor, or by the help of friends spent during at least ten years of this hard and expensive toil. Yet the Assistant Aldermen expect to purchase the use of all this body, mind and soul for the same sum they pay their backhouse inspectors—*six hundred dollars* per

annum — one dollar sixty-six cents and two-thirds per diem. Truly, the olfactories are at a premium.

Bah! they must think that such physicians are like prodigal sons, who have spent their all in riotous living, and have come to a far country to fill their bellies with husks.

Look at the list of duties, and we see that all the physician's time will be taken up in their performance. He will, in fact, with all his learning and goodness, be the salaried slave of a minor corporation and of the miserable poor of his district; to come and go, night and day, rain and shine, at their bidding, to gratify their whims, holding his slavery subject to their complaints. Had not the Board of Assistant Aldermen better purchase a doctor for each of the poor at once? They might, perhaps, get them cheaper by the quantity. But his time is not his only outlay. The district of each of the physicians will be at least two miles square. To attend to his duties, he must have two horses and a buggy; for neither a single biped nor a single quadruped could perform all the labor. This item will cost at the least three hundred dollars. His clothing would cost at least two hundred dollars. His board and washing will, at the lowest miserable figure, cost three hundred and sixty dollars. So that the Board of Assistant Aldermen expect to hire a physician, with at least five years' experience in this city, who has a diploma and a good moral character, to move bag and baggage to a dispensary, and to expend eight hundred and sixty dollars of his own, for the sum of "six hundred per annum, payable monthly." What honesty! What benevolence to the poor!

The Board of Assistant Aldermen may say that the *position* he obtains as a public physician, will throw a great deal of paying practice in his hands. But if he attends to his duties, he will have no time, particularly in unhealthy seasons, for such practice, and if he does not attend to his duties, he is not a man of good moral character, and he will be turned out of office. Besides this, who that can pay, would send for a miserable physician, who would voluntarily degrade himself to the pittance of six hundred dollars per annum! nor is this all. Granting that he might get enough paying practice to remunerate him for his outly, it is still but a doubtful chance, a risk, and the Board of Assistant Aldermen are willing to pay him a tithe of what he honestly earns, leaving the poor wretch, forced by griping necessity, to the doubtful chance of making both ends meet.

Call you this honesty? We wonder if some of them do not think it laudable to loan money to the poor at three per cent. per month?

We once had a fancy for the law, and we recollect being then informed by Mr. Blackstone, that Sir Edward Coke gravely observed that "a corporation has no soul." We thought Sir Edward Coke to be a very dull gentleman, indeed; but since we have read these sections of this ordinance, our opinion is changed. Sir Edward Coke made a witty remark; and though it may be thought to place corporations below the level of men, we cannot help but think it was a well founded remark.

We fear that if our corporation were taken with a literary turn, it would order so many "cubic feet of books, uniformly found;" and that, if it were to set out, as a corporation, to regale its ears with music, it would be indifferent whether it was a *charivari*, Jullien's band, or the grand opera of *La Favorite*. No one can deny that it has a body—such a body as the lawyers would call *in solidio;* that is, both joint and several. A glance at the allowances for corporate refreshments will convince the most sceptical of this fact.

But we are unwilling to speak harshly of our city government, and at the same time we are unwilling to believe that so grave a body could have passed an ordinance without due reflection. So that in casting around for reasons for the provisions we object to, we have hit upon two very laudable ones. But we submit that neither of them is well carried out.

The first is this: The Board of Assistant Aldermen know very well that the physicians of this city have been attending the poor for a long time without compensation, and they are desirous now of relieving them of the burden, and paying their bills. We would respectfully suggest, that it would be more proper to allow the physicians to present their bills and have them paid out of the Treasury, with two per cent. struck off for their contribution to charity, than to make a contract by which it will be imposed upon six of the physicians to pay at least seventy-five per cent. for charity.

The other reason is this: The majority of the present Council is the result of a *reform* movement. The Reformers have just come into their powers and honors, and are laudably desirous of distinguishing themselves by giving their city a great name abroad. They know that when the world finds out that all the poor of New Orleans are doctored for thirty-six hundred dollars per annum, they will come to one of these three conclusions—either that there are very few poor in New Orleans, or very

little sickness, or that the physicians charge very little. Now, whichever of these conclusions may be arrived at, emigration here will be quickened; the city fathers will have their family much increased, and the taxes to the city will be greatly augmented. While we admire this exquisite *coup de main*, we cannot reconcile to ourselves the hard task imposed upon the six physicians.

Verily, there is a vast difference between employer and employee.

Observations upon Stricture of the Urethra:

[CONTINUED.]

By Warren Stone, M. D., *Professor of Surgery, University of La.*

In the last number I expressed my views strongly in favor of dilatation with the finely polished conical pointed metalic bougie. There are other bougies that will answer in some simple cases, but it is scarcely necessary to speak of them, for whatever is found efficient in bad cases must certainly be preferable in slight ones. The fault usually committed in dilating is in endeavoring to effect it too hastily, and leaving off treatment as soon as the mechanical difficulty is overcome. Surgeons of distinction have written seriously and earnestly upon the value of rapid dilatation. No one will question the propriety of overcoming disease as expeditiously as it can safely be done; but whoever adopts the practice of rapid dilatation in all cases, disregards entirely physiology and pathology, which no mechanical dexterity can compensate for. The dilatation may be made as rapidly as the state of the parts will admit of. In some old callous strictures strong force can be used without causing much irritation; in other cases the parts are morbidly sensitive, and although gentle pressure from a bougie tends to overcome this sensibility, if hasty dilatation is practiced the case is aggravated. In these latter cases if rapid dilatation is practiced, or if a large instrument is introduced, the pain increases; if it is allowed to remain, a flux of fluids takes place to the part, the irritability and contractity of the parts increase, and after the removal of the instrument the patient is often unable to urinate at all. The careful introduction of a proper sized bougie, so as to make wholesome pressure, and persevered in, will very certainly effect a cure in these cases; although it is somewhat tedious. We have

familiar examples of the importance of graduating pressure to the peculiar state of the tissues in the application of the bandage. How often do we observe the great benefit of nicely graduated pressure to swollen, thickened, indurated and irritated parts, and how often do we observe that if it is made too great, or improperly applied, the difficulty is aggravated? It is this irritable elastic stricture which, it is said, will not stay dilated, that may call for the operation of Mr. Syme; although I contend that this species of stricture can be overcome by perseverance in the proper use of proper bougies, and it is only when it is complicated with urinary fistula that I would advise the perineal section. Mr. Syme has received much praise, and deservedly, for his perseverance in this operation; for he has shown how readily and how well the urethra recovers after being laid open, and no one now hesitates to make such incisions into the urethra at any point that necessity seems to demand. It remains, however, for others to determine, more accurately than Mr. Syme has, the precise cases in which the division of the stricture through the perineum is necessary or useful. Mr. Syme operates only when he can pass a director to cut upon; at least, he says he never met with a case that he could not pass a director through. I do not doubt the assertion of Mr. Syme, but I must say that he has been very fortunate in his cases for one who must have seen so much of this disease, and I can only account for it by supposing that stricture is treated, in all its stages, by surgeons in Europe, whereas, in our country it is treated by quacks, or physicians who make no pretensions to surgery, but will practice upon every surgical case that will afford a fee. It has been said that where a director can be passed dilitation can effect a cure; and it is true with very few exceptions. There are some cases of irritable elastic stricture in which it would be proper to divide, and there are some cases connected with fistula where the division ought to be made; though a urinary fistula, if it is direct and has not burrowed under the fascia, will generally close as soon as the stricture is entirely overcome and the urine has no impediment to its flow.

It has been my ill fate to meet with far worse cases than Mr. Syme, for I have met with cases through which I could not pass an instrument; and although I may not possess the ingenuity of Mr. Syme to coax an instrument through a stricture, I claim more physical power, and I have met with cases in which this failed, aided by all the tact I possess. There was no occasion for the half that has been written upon the division of the stricture where a director can be passed, for it is a simple matter; but it is

astonishing that nothing has been said, by those even who admit that there are cases that do not permit of the passage of any instrument, on the method to be adopted in such cases. The bladder of course must be relieved—but how is the stricture to be overcome? In the course of my long service in the Charity Hospital I have met with many very troublesome cases. Formerly I used Stafford's cutting instrument, which is a lanceted catheter; but I have long since abandoned it, and now I use the metalic bougie, and sufficient force to overcome the obstacle if possible; but if the stricture is so close and unyielding as to resist force, I cut down freely and divide the induration. This can be done easily when the surrounding cellular tissue is not much transformed, and in any case is the safest proceeding and offers the surest chance for permanent relief. It is very common for surgeons to cry out against using force; but an unjust necessity exists—an obstacle is to be overcome which no dallying or coaxing can effect, or the patient perishes sooner or later, either by complete retention, or by the slower process of disease of the bladder and kidneys. The only question is, in my opinion, whether it shall be overcome by strong force with a smooth steel bougie, or divided by the knife. False passages are most commonly made by the careless or ignorant use of instruments while the stricture is soft and the tissues more yielding; but the fact that false passages have been made and are liable to be made when force is used is no argument against the forcible use of the bougie; the thing must be done, the patient must be relieved, and the only question is, how? The bougie in proper hands will rarely fail, and if a false passage is made, or if the bougie is thrust through the urethra, the practical surgeon will know it, and a free incision prevents any evil consequence, and if properly made accomplishes what the bougie failed in doing. The stricture being overcome, all the care, caution and perseverance heretofore laid down is to be observed in effecting a permanent cure.

I had a case of almost complete closure of the urethra, a short time since. A gentleman had suffered for several years with stricture—had used bougies for a long time for temporary relief, until, finally, the tissues became so unyielding that the bougie could not be passed, and his case becoming serious from retention of urine, an operation was performed in an adjoining State; but it was imperfectly done, and he was finally relieved from immediate danger by the formation of a fistula some distance behind the stricture. When I first saw him he was passing his urine by using great force through the fistulous opening, and occasionally a few drops

came through the urethra. On examination, the stricture was found within the scrotum, and the urethra appeared enlarged into a hard bulb about the size of the end of the finger. The fistula was behind the scrotum and was disposed to fill by the granulations, so that there was occasionally almost an entire retention. I selected a small steel bougie and used nearly as much force as I was able, but without engaging in the least the point of the instrument in the stricture. On a second trial the instrument slipped and perforated the urethra, and the knife being the only resort I divided the scrotum in the septum down to the induration, and carefully divided that, which was an unyielding fibro-cartilaginous substance—a canal in the centre, not unlike that of the vas-deferens. As the wound began to granulate a catheter was introduced and worn a part of the time; the fistula healed and the wound closed in a few weeks, leaving a free passage for the urine through the natural passage.

I have said that when urinary fistulæ are direct, and do not burrow, they will close by granulation, if the urethra is opened—the stricture relieved, so that there is no impediment to the flow of the urine; but in some cases the outer orifices of the fistula will close, and the urine burrows, excites fresh inflammation, suppuration, etc., and opening after opening will be made. The perineum and scrotum will become hypertrophied and indurated, and as one opening closes, another forms, and the patient is not only in constant suffering, but is a nuisance to himself and all around him. These cases are relieved by laying open the perineum, and if necessary the scrotum, through its whole extent down to the urethra, and if any strictures exist, they should be divided. Also, a catheter may be worn, if it does not give pain; but if it does, it is better to introduce it occasionally—the wound filled with lint to the very bottom, so as to insure healthy and firm granulations, and it is astonishing how perfectly these miserable cases will recover. The worst strictures occur at the beginning of the membranous portion of the urethra, and when a director cannot be passed, it requires a careful dissection to relieve the stricture; but by introducing an instrument into the stricture and making a free incision, as in the operation for stone, the strictured point can be found, and the urethra beyond will generally be found enlarged, and the flow of urine will indicate that the canal is reached. The wound will heal around a catheter, and a good channel will be established; care being required to keep it from contracting by occasionally introducing a bougie after the wound is healed.

In conclusion, I would say, that stricture ought never to be allowed to

become bad; and never will, if dilitation is properly applied; but if we find it bad, it is best to overcome it, if possible, with such force as may be necessary, with the metalic bougie. If the strictured portion is very irritable and elastic, it may be proper in some cases to cut down upon a director and divide the strictured part, and if there is complete retention, or the bladder is suffering from distention, and no instrument can be passed, it is best to pass an instrument as far as possible, and cut down upon the point, and then follow on until the urine flows. The bladder may be punctured with perfect safety, above the pubis, with a trocar; but this affords only a temporary relief, and an incision may be made with equal safety through the perineum up to the prostate, if necessary, and with the prospect of establishing a permanent opening, and passage of urine through the natural course.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, *by Dr. Philip Ricord,*

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. VIII.

Causes of Bubo.— We have already said that all chancres do not necessarily give rise to bubo, but when they do occur, their existence can be traced either to *absorption* or *irritation.* Chancre, then, is the exciting cause, but age, sex, temperament, hygienic conditions, situations of chancres, size, etc., act as predisposing causes.

It is at adult age that the system seems most liable to bubo, probably because exposures to contagion at this period are most common.

The sex appears to play an important part in predisposing to bubo. Statistics show that the male is more susceptible to bubo than the female; probably owing to the greater fatigue and greater exertions to which the male is exposed.

The lymphatic temperament favors singularly the development of buboes.

The hygienic conditions of the patient, particularly fatigue, irritation of the part, predispose to the occurrence of bubo more than any other circumstances.

Many surgeons believing that by locally treating the chancre the virus is driven into the system, have attributed the occurrence of bubo to the treatment of chancres by cauterization. The annals of surgery do not posess a more incorrect opinion, so much so that the contrary principle — namely, that the more speedily and effectually a chancre is destroyed, the less will be the probability of the occurrence of bubo — may be laid down as a fixed fact.

In making a differential diagnosis we must be particular in not taking for veneral buboes all lymphatic swellings which may occur near regions generally occupied by buboes. The diagnosis of a bubo can only be positive when suppuration has taken place, and the pus found to be inoculable. But in such inoculations great care should be had to prevent error; for buboes usually determine inflammatory action in the surrounding cellular tissue, and on opening the abscess, the pus first obtained may be non-virulent, the inoculable matter not having mingled with it.

When inoculation is not practicable, recourse must be had to the patient's history, and the diagnosis then can only be rational. The elements of a rational diagnosis, are the antecedents of a chancre — its seat, its progress and termination. But neither of these indications taken singly has a positive value.

As regards the prognosis of buboes, the following facts should be taken into consideration:

1. A bubo which follows a chancre without induration, generally suppurates.

2. A bubo caused by a diptheritic or phagedæmic chancre, always assumes this last character.

3. A bubo following an indurated chancre, is always indurated.

4. The occurrence of constitutional symptoms after indurated bubo is constant.

5. Buboes, the result of chancre, suppurate much oftener than those following blennorrhagia.

6. Superficial buboes suppurate much more frequently than deep-seated ones.

In a therapeutical point of view, buboes should be divided into acute and indolent. The surgeon's first care should be to prevent the development of bubo, if possible. In order to affect this, rest should be enjoined, and chancres cured as speedily as possible. When symptoms of bubo are apparent, an abortive plan of treatment, which consists in the application of cold, compression and moderate cauterization should be used. Such

applications, when made in the beginning, are very often followed with success. But if, under their use, the tumor should increase, or become painful, they should immediately be discontinued.

Compression is a very powerful abortive agent. It can be made by a figure of eight bandage, or with trusses. Lately hot bricks have been substituted for bandages, to what advantage I am not prepared to tell you. Another way to cause the resolution of the tumor by absorption has been recommended. This consists in blistering the bubo, and in dressing the blistered surface with a piece of lint dipped in a solution containing twenty grains of corrosive sublimate to the ounce of water, which should be kept on the denuded skin for two hours, then an anodyne poultice applied. An eschar is soon formed, and when it falls, the application of corrosive sublimate may be repeated if necessary. There is a great objection to this treatment, as it causes great pain in its application, and leaves considerable cicatrices, which are indelible marks of the disease.

Employed at an early period, compression will be found a very advantageous method of treatment, and I have always employed it with signal success. If compression should not succeed, a purely antiphlogistic treatment should be resorted to, rest enjoined, leeches applied, and frictions made with mercurial ointment and belladonna. When leeches are not convenient, punctures with the point of a lancet should be made over the tumor. When bubo follows a chancre, and we have every reason to suppose that absorption has taken place, and the virus carried into a gland, all our endeavors to promote resolution will often fail, and the bubo will march on to suppuration. In the event of this, we should open the abscess on the first symptoms of the occurrence of pus. The incision should be made in the direction of the greatest diameter of the tumor, generally parallel to Poupart's ligament. In small abscesses, a small incision is generally sufficient, but when there is a large quantity of matter, and the skin over the abscess is livid and thin, and we suspect its virulent nature, a free incision is requisite. After the bubo has been opened, the treatment in most cases is similar to that recommended for chancre and its complications.

Indolent Buboes.— Indolent buboes, symptomatic of an indurated chancre, need scarcely be treated locally. If, however, they be painful, frictions of mercurial ointment and belladonna may be used to allay pain. But the most prompt and surest method of getting rid of them, is to sub-

mit the patient to a mercurial treatment, under the influence of which the indurated chancre will rapidly disappear, and with it the buboes.

There are certain buboes, which, after having been acute, become indolent and chronic. This variety often thwarts the surgeon in his attempts to cause their absorption; compression, together with frictions of mercurial ointment, should be resorted to, and such means are often followed with success; this treatment failing, we may very appropriately use that by blisters and applications of corrosive sublimate. When this does not succeed, cauterizations with the "Vienna paste" should be tried. If these buboes be complicated with scrofula, this must be met with the appropriate remedies.

[*To be continued in following numbers.*]

Yellow Fever in a Rural District,

AUGUST TO DECEMBER, 1853.

A. P. Jones, M. D., *of Petit Gulf Hills, Jefferson Co., Miss.*

Whether yellow fever be a specific disease, and, like measles and hooping-cough, only communicated by personal contact, or breathing the air near a person affected, or whether it be of local origin, arising from causes peculiar to the places where it prevails, the learned may determine. Since the appearance of that direful scourge on the waters of the Mississippi, the rural population have been almost entirely exempt from its ravages. There is a tradition in this county, that two families were swept off by it, in Adams county, on Second Creek, near Natchez, in 1817, the first year it visited Natchez. I have not been able to ascertain the facts. In October, 1829, an instance occurred in the family of Judge Pierce Noland, near Rodney, Miss., which excited much interest and speculation at the time, but being looked on by the faculty as an exceptional case, was only referred to subsequently as such. Mr. —— Lewis came by steamboat to Rodney, on a visit to his brother Jacob Lewis, who resided three miles east of town. Yellow fever had been reported at Fort Adams, where he embarked, and was prevailing in Natchez. In those days, steamboats having few hands laid many hours at the landings — often twenty-four at Natchez, the passengers amusing themselves as best they might, on shore mostly. Mr. Lewis went ashore at Natchez. Soon after he got to his

brother's — not more than one or two days — he was seized with fever, and died on the fifth day of his illness, with black vomit and other unmistakable signs of yellow fever. The neighbors visited and assisted at the burial. Eight days after, Mr. Jacob Lewis was taken sick. Being a bachelor, Judge Noland took him in a gig, and brought him to his own house, distant two miles, in the midst of a large family. Mr. Lewis died on the eighth day of his illness, having black vomit, and no doubt was entertained by his physician that he had yellow fever. The writer, then a youth, with others of both colors, waited on and nursed Mr. L. Judge N. became somewhat alarmed when black vomit appeared — removed all his white family away, remaining himself. But the physician, the late N. L. Boulden, of Rodney, to quiet his apprehensions, got on the bed where Lewis died, and slept from three to eight o'clock in the morning. The weather was Indian summer — the days mild and mornings cool. No other person took the disease. But Jacob Lewis had been exposed to no source of infection except his brother.

From that time up to August, 1853, nothing similar occurred in this vicinity. In 1843, when yellow fever made its first epidemic visitation to the flourishing village of Rodney, and decimated it, the country people threw open their doors to the citizens, many of whom took refuge with us; and many families had cases of fever, brought from Rodney. Some deaths occurred, and several country gentlemen, visiting town, contracted the disease; but in no instance did it spread in their families. The same occurred in 1847, when yellow fever was a second time epidemic in Rodney.

In regard to this locality, where the fever prevailed with so much virulence the past autumn, it is known far and wide as the Petit Gulf Hills — lying in the northern part of Jefferson and southern of Claiborne county, Miss. — a serpentine ridge, leaving the river at the town of Rodney, running east, divides the waters of the Bayou Pierre and Cawles Creek. The surface of the land is hilly, much of it too steep to be cultivated with the plow. In its original state, it was a dense cane brake; the soil a rich vegetable loam, eighteen to thirty-six inches deep; the growth yellow poplar, sweet gum, lynn, etc. The maiden soil was thought by many superior to the alluvions of the Mississippi for cotton and corn. It was settled from 1810 to 1820. The farmers, finding no system of cultivation could save the rich loam from washing off while under tillage, adopted the plan of clearing up, wearing out and leaving their hills for the Louisiana bottoms, the prairies of North Mississippi and Texas. The writer com-

menced the practice of medicine here in 1833, when the country was at its maximum of population and production. I think no part of the South could exceed it for fever. Much new land was put in culture annually, and hundreds of acres of dead and decaying trees could be seen in an hour's ride, in any direction from home. The heavy rains of spring and summer swept the light loamy soil to the narrow valleys, where covering and mixing with the debris of timber and rank vegetation it became a hot bed of malaria, producing every variety of summer and autumnal disease, except yellow fever.

Since 1840, the wealthier and more enterprising planters have been deserting their worn out and gullied hills for more productive lands; and within ten years more than one thousand field hands, with their appendages have left; there is no more land to clear. Much that was worn out has grown up with the black locust and sweet gum, or been left to the indigenous grasses for stock range. Dead and decaying timber has disappeared, and the country has generally become healthier, insomuch that most of the county practitioners remaining have found it necessary to resort to other pursuits for a living.

During the summer of 1853, when yellow fever was seen finding its way from New Orleans to all the points in direct communication with that city, it was confidently expected Rodney would be again visited; and the planters, with their accustomed hospitality, invited their friends to seek an asylum in the country. Many did so. Rodney escaped the disease in an epidemic form. There were a few imported cases, and half a dozen of the citizens, mostly children, had it; only one death. St. Joseph, a few miles above, and Waterproof, a few miles below Rodney, on the opposite side of the river, escaped. It was otherwise with Grand Gulf, from whence the fever spread to the beautiful and salubrious town of Port Gibson, eight miles inland. This place had never heretofore been visited, and when, during the middle and latter part of August, the physicians of that place, after much disagreement and discussion, pronounced yellow fever epidemic, a general *stampede* took place — several families and persons coming down on the dividing ridge.

FOCI OF INFECTION — CAUSES OTHER THAN LOCAL OF ITS INTRODUCTION.

1. *Clifton Farm — Israel Coleman, Proprietor.*—The rain water falling in this gentleman's front yard, will one-half find its way to Bayou Pierre, distant ten miles north, the other half to Cawles Creek, five miles south. There are no local sources of summer miasm near; no dead or decaying

timber; no water, either running or stagnant; that used for family purposes being from cisterns filled by winter rains. The house is a two story, elevated and airy, noted for the perfectness of its domestic management. The servants' houses and offices in the yard, and the quarters for field hands, two hundred yards south-east, are cleanly, airy, and kept with more than common neatness. The house was originally a country tavern; but since the regular line of steam packets has diverted travel, it has been almost discontinued as a house of entertainment. Still, from necessity, Mr. C. is occasionally obliged to take in way-farers; and being a noted corn grower, and somewhat of a horse fancier, he often has the patronage of the regular stock drovers, who find a convenient place here to rest, recruit and dispose of stock in the fall and winter.

If no yellow fever had been in the south-west, the following incidents might have occurred without exciting notice. On the 22d August, Mr. C. and lady visited Port Gibson, the faculty not having decided the nature of the fever, and the country people coming and going, as usual, for business or pleasure. Their carriage driver, John, was ailing, and they engaged the driver of Mr. Edward Wallace, a brother-in-law and near neighbor. They spent the day in town, attended court, dined, shopped, etc., but did not go into the *sickly* part of the town, and saw no one sick. Next day Mr. C. went to Natchez, distant thirty-three miles, having still the borrowed carriage driver; remained all night, and brought away his daughter-in-law, who had been several weeks in the city, though not in the infected part. She came to stay; brought her servant, trunks and baggage. The night Mr. C. spent in Natchez, a stranger staid at Clifton; said he was from Natchez, and had slept in a hotel where were cases of yellow fever. He was complaining, took no supper, drank water all night, was up and off early; his name and destination were not inquired, and nothing further has been heard of him. On the 24th, a stock drover came to Clifton, with 30 or 40 horses and mules, which had been some time in the stables of Port Gibson. He had a hireling negro from town; staid five days; the hireling was sick when he arrived, but was not thought much ill; he lay about the horse-troughs all day, and slept with the carriage driver, and yard servants of nights. It is not known that this boy had fever at all, and Mr. C. is of opinion he had not. As soon as he got able, he was sent back to town, and the drover and stock left. On the night of the 28th, four footmen, Irish, called, and had leave to stay. They slept in the upper rooms, took no meals, and did not mix with the family, white or

black. They were supposed discharged laborers from a steamboat or railroad. One of them was much complaining; they left early, and nothing more is known of them.

Mr. Coleman's white family, consisted at this time of eleven persons: six adults and five children; his yard servants were thirteen, large and small; his quarters had over forty of all ages. These families have been uniformly healthy — seldom having need of a physician. Only one white, an infant, has died in the family during a period of seventeen years.

First case of sickness.— On the night of the 28th, four days from the arrival of the stock drover, Arch, aged 20 — a field and quarter hand — but whose business was to attend the saddle horses and stables, when the carriage driver was absent or ill, was taken with chill, and found at day-light, 29th, with hot fever, headache, etc; had an emetic; was sent to the sick house in the yard of the dwelling, and had such domestic remedies as were common on the farm. No great attention was given him; he was convalescent on the 30th and 31st; took his regular meals, and during the first five days of September, aided materially in waiting on the sick. On the morning of the sixth, he was found in a dying condition, with black matter over his person and clothes, and on the floor. His father who waited on him through the night, represented the same as passing through the bowels. Decomposition took place rapidly, blood oozing from the cavities, with an intolerable and peculiar fetor. Arch was no doubt overlooked, and his was the first case of sickness, and the third death, as will be seen. On the 30th, two of the white family occupying the upper rooms, adjoining those where travelers were put, were taken with fever, and John, the carriage driver, who had not returned to his accustomed duties, from a bilious attack, but was considered well, slept in the yard, and waited on Arch, a day or two. On the 31st, two others of the whites and the chambermaid and cook were taken. On the 1st September, Mr. Coleman and son, James, aged 22, and several more of those in the yard were seized. On the 2d, everyone in the yard was down, and servants brought from the quarters to supply their places. On the 4th September, one of the two whites, an infant not quite two years old, died, having convulsions, and black blood gushing from its mouth and nose, the body turning after death of a mottled gingerbread color. On the 5th, John, the carriage driver, died, having black vomit. On the sixth, as before mentioned, Arch died. The neighbors visited, waited on the sick and buried the dead without apprehension. The attending physician, Wm. J. Gibson, a retired Homœpathist, not being able to name the disease, called it dengue. Rev. Wm. H. Watkins, who had spent many years in New Orleans, and had yellow fever in 1839,

accidentally visiting the family, saw the corpse of Arch, and the sick of the family, gave it as his decided opinion, that the fever was yellow fever, and the same as prevailing in Natchez, where he at the time resided; still no apprehension was felt, and the usual offices of good neighborship to an afflicted family were performed cheerfully.

The morning of the 8th September, was a gloomy, drizzly time. During that day, seven individuals, who had visited at Clifton, were seized with fever at their respective houses. Mr. Ed. Wallace, wife and servant girl, were taken at Clifton, on the morning of the 13th; Mr. Wallace died, having a brownish vomit, convulsions, and yellowness of the skin. Of eight white men who waited on Mr. Wallace, during his illness, laid out and buried the corpse, every one was seized with fever within ten days; six of them died, and two, who were physicians, recovered. The consternation now became great. The disease spread in many of the families who took it, at Clifton. Every individual on that place, except one negro baby, had it, and were dead, or recovering by the 25th of September. Three white persons and four negroes died. It began now to be seen that though many had been at Clifton, who did not contract the disease, yet no one had it, who had not been there, or had intercourse with the families who became infected there. An organized association was formed on the 18th, means raised and acclimated nurses telegraphed for to Natchez and New Orleans; when arrived, they were distributed in six infected families, a rigid non-intercourse observed, and the sick and well, as far as practicable, kept separate, the well usually being moved to camps or out-buildings, away from the habitations. After this, the disease was introduced into no new families, from this focus, and where the well were removed from among the sick, the disease spread slowly, many escaping entirely. In four families there were but a solitary case; in as many others only two or three. Six unacclimated country practitioners attended those infected families; five of them had the disease, one died, while the acclimated, (and by that term, I mean such as had previously had yellow fever)—physicians, two, and nurses, ten—not one took it. The nurses from Natchez and New Orleans, declared this the same fever, which they had lately seen in the cities, but much milder. No aid could be had from the adjacent villages. The physicians of Port Gibson, wrote, when applied to, that they had not only to nurse, but often to cook for their sick, when convalescent. Doctor Wm. G. Williams, aided much with valuable counsel, to nurses and heads of families, but the distance, and great number of patients, precluded his giving personal attention, oftener than once in two or three days. Of the first eleven white men who were attacked nine

died. Enough to strike with terror the bravest. The fatal cases, predominated largely among men; though no age, sex or color, was exempt.

2. *Focus.*—Roger Wallace visited Clifton but once the morning of the 13th, and remained several hours, or until his brother, Edward Wallace, was buried; four days after, at his own house, he was taken with fever, and died on the fifth day of his illness; having hemorrhages and yellowness; his family consisted of himself, wife and four children, every one had the disease; though none but himself, had been exposed; two of the children died; the others recovered.

3. W. Browen, aged 50; son George, 20; and daughter, 18; visited at Clifton; the two former assisted to lay out the corpse of Edward Wallace, were both taken on the 18th, and died on the 23d, the young lady recovered; half or more of the family, both white and black, sickened, but recovered.

4. Mrs. Sarah Watkins, visited Clifton daily, until the 8th September, when she was seized with fever. This lady is now 70 years of age, but active and healthy; she was never considered very ill; did not believe she had yellow fever; had a tedious recovery, attended with great debility which was attributed to a uterine hemorrhage, that came on the third or fourth day; she was able to leave her room only on the 1st of October, and no other case occurred in the interval. A week after, she had her room washed and ventilated; her bed and wearing clothes, washed and beds aired. The woman who did this was taken with fever, a few days after; and going home to her quarter, her husband and six children were taken successively within a fortnight. The well were moved to the woods; as they sickened, were sent back to the quarters, till the 25th, when a white frost and ice in places appeared, and put an end to apprehension. They returned to their houses. On the 6th of November, a negro man was taken; between the 20th and 22d, four others. Among whom was Mr. A. P. Watkins, and her son, aged 26; who died on the 27th; having black vomit forty-eight hours, previous to his death.

5. A somewhat similar fact happened in the family of Adolph Heath, Senr.; a Jew pedlar, recently from Port Gibson, was seized with fever, while on his rounds, and evidently infected three families; he was literally driven from one to the other, till he got to Heath's, where being too ill to get back to town, he was put in a back shed room of the dwelling, and died of black vomit on the 10th of September. So much were the people of the house alarmed, that the corpse was hurried into a coffin without undressing; his pocket book of papers, purse of money, and every thing on his person were buried with him. The weather-boarding and gable-end

of the room were knocked off, to let in air and rains; the bedding and furniture were burned; only a few pieces of the best were allowed to lie out, one or two hundred feet from the dwelling, for two weeks; meantime, no one sickened. At the end of two weeks, the bed-clothes were brought in, boiled, wrung out and dried about the house, Mrs. Heath seeing to it. Within eight days from that time, and about twenty from the burial of the poor pedlar, Mrs. Heath, her husband and son, the woman who washed the clothes and several servants, sickened; the two first died — the others recovered.

At a widow Perkins, where this pedlar staid the night before he came to Heath's, and was very ill all night, with fever and vomiting, but well enough at day-light to mount his pony, and ride a few miles, a little negro boy was seized with fever, sixteen days from the time the pedlar left. He died with black vomit and convulsions. Sixteen days from his death, his mistress was taken and died similarly. I neglected to mention the pedlar's pack was left and remained all this time in the dwelling. There were other cases who recovered. The well were sent away, but returned after the frost of 25th October, and several of them had fever lightly.

FOCUS OF INFECTION — MODE OF INTRODUCTION.

6. *The Griffing families — six miles east of Rodney.* — William B. Griffing, Jr., wife, and four children, about thirty-five servants, one-half of whom are adults. The dwelling and out-houses occupy a depressed portion of the ridge; the adjacent lands are higher. After heavy rains there is always much deposit brought down and left in the narrow gorges and contracted valleys near the buildings. The farm houses have been inhabited by four different families within twenty years. I have looked on it as a sickly place. I have seen small pox, measles, hooping cough, flux, typhoid fever, pneumonia and cholera, all epidemic on this place; besides rather more than an equitable proportion of summer and autumnal fevers; and yet within the twenty years, the only fatal sickness, has been from small pox and hooping cough. On the 3d of September, when the family at Clifton, all were down, a young lady, related to Mr. G., who had been teaching the previous part of the year at Clifton, dismissed her school, and came to Mr. Griffing's to remain till she could resume her duties; she was taken with fever next evening; had symptoms such as the subjects at Clifton presented — headache, suffusion eyes, pains of the back and limbs. The fever lasted three days — being every day better of a morning and worse of an evening; the fourth day, as the fever left, she had a profuse menstrual secretion, out of time; she became very pallid and weak, insomuch, that she did not feel able to leave

her bed for more than a week. Mr. Griffing, who was usually his own physician, prescribed; called on no professional man, gave light mercurials, with purges, foot baths, diaphoretics and quinine, never suspecting any thing, other than such a fever as he had been accustomed to in his family, at that season of the year. She got well. A few days after, finding considerable apprehension on the minds of his neighbors, regarding the fever at Clifton, he concluded to purify the room, occupied by the young lady, during her illness. The bedding and furniture were taken to the back yard, adjoining the negro cabins; the rooms washed, fumigated, and well ventilated; the bed-clothes and wearing apparel washed; the wool mattresses on which she lay, taken to pieces, boiled, washed, and thrown on the sheds and roofs of the negro houses; Mr. Griffing personally superintended; the children, white and black, playing about, and assisting to tear the wool in pieces. Precisely four days from this, Mr. G., two of the white children, the two servants who washed, and some of the black children, were taken with fever — all within a few hours of each other. That night some of the quarter negroes were taken, and the cases multiplied so rapidly from day to day, that by the 1st of October, every individual, except one twin infant, a negro, whose mother died of black vomit, had the disease. Mr. G. one of his children and three servants, died between the 23d of September, and 1st of October. Dr. Wm. G. Williams, of Rodney, attended this place as consulting physician, and pronounced the cases to be as well marked yellow fever, as he had ever seen.

Some curious and interesting circumstances attended here; the first of which is, that no one took fever until after the washing of the clothes and bedding; yet the family and servants were not restricted from visiting the room while the lady was ill. Did the boiling, the clothes were subjected to, disengage the poison, or make it more diffusable? It will be borne in mind the cases did not occur at Heath's and Mrs. Watkins' till after boiling the clothes.

The second: This lady's mother and brother, refugees from Port Gibson, came and waited on her during her illness; when she got better, went to the pine woods, south-east of Port Gibson, and did not take fever, though the mother asserts that all the sleep she got for a week was on the bed with her sick daughter. The third and very interesting fact: Mr. G., suspecting this fever might go through all his family, sent his two well children to his father's, a mile off, with a request that they be sent back should they fall ill. One was taken with fever next morning. Mr. Asa M. Griffing, brother of Wm. B. Griffing, took the child before him on

horseback, and carried it home, while yet the fever was almost undeveloped. He rode to the porch, handed the child down to its father, without alighting himself, and remained only long enough to inquire after the sick. On the afternoon of the same day, the other child was seized with chills; was taken home in the same manner by the same person. Precisely four days from this day, Mr. A. M. Griffing was attacked with fever, and died on the eighth day of his illness. Dr. S. Emanuel, who visited Wm. B. Griffing's family for the first time the day the children were returned home, was called in the night to see Mr. A. M. Griffing; went, and was himself seized with fever, and remained in a cottage room with Asa M. Griffing. The doctor had fever three days; was in a fair way to get up, when he was taken with erysipelas of the face, which confined him several weeks, and endangered his life. Several cases in the Griffing families were followed by erysipelas. The old gentleman, Wm. Griffing, Sen., 75 years old, had yellow fever, from visiting Rodney, in 1847, but did not communicate it to his family. He removed with Wm. G., aged 68, and four other whites, and his yard servants, to an out house, within sight of Wm. B. Griffing's, Jr., where they remained till after the frost of the 25th October, when they returned. Mr. A. M. G.'s wife and child, two years old, staid, and did not have fever. Mrs. A. M. G. was confined about two weeks after her husband's death; had a good time, and mother and child did well. One negro man belonging to the place was allowed to visit the cottage. He had fever and recovered. The cook, who never went in the doors of the cottage, but was employed within sixty feet, took fever and died, having black vomit. After the death of A. M. Griffing and the cook, and the recovery and removal of Dr. Emanuel, the cottages were closed up, till several frosts had occurred. About the first of December, they were opened, washed, ventilated, and fires kept burning for several hours. Dr. Z. B. Griffing and wife, from Tensas, came over on a visit the last of November. Some band boxes, which had been in the cottages all summer and fall, were brought out, the contents inspected and handled by the Mrs. Gs'., elder and younger. Five days after, these ladies were both taken with what was called yellow fever. They both had uterine hemorrhages; the elder so bad as to prevent her leaving her bed for a month. The intercourse with the sick was now unrestricted; the visitors were none of them sick, but several negroes on the place were, one of whom died.

[*To be concluded in next number.*]

Excerpta.

On the Mode of Action of Veratria, in the Treatment of Acute Articular Rheumatism.—*By Dr. Marrotte, Physician of the Hopital de la Pitié, Paris.*—The Medical Gazette has analyzed, in a preceding number, a *mémoire* of M. Aran, inserted in the *Bulletin de Thérapeutique*. The essay of Dr. Marrotte, which was published about the same time, is practically interesting. Veratria has been administered by our colleague, at the *Hopital de la Pitié*, in seven cases. The doses given were 1-10 of a grain as the minimum, and 2-3 of a grain at most, once a day.

From the first two observations, the author concludes, "That there are cases of articular rheumatism that improve and are cured during the administration of veratria, without any perceptible irritation of the digestive apparatus, that their cure is too rapid and decided when compared with the ordinary course of the disease, and that the sedative effects are too evident for any one to deny the therapeutical agency of this medicine. In several cases, the effects of the medicine on the pulse were very marked, which fell in five or six days from 90 to 48. The gastro intestinal effects of the remedy, very decided in some cases, did not exercise any appreciable influence on the progress of the morbid phenomena, nor did they interfere with the sedative and curative action of the veratria.

The following facts seem, we think, to guide us in the mode of administering this medicine: when two or three pills have produced vomiting, or have acted on the bowels, if they are continued, the gastro intestinal disturbance ceases the next day in most cases. In these cases, we may gradually increase the doses without the recurrance of the same symptoms.

To conclude, the author believes in the efficacy of veratria in acute articular rheumatism. Like nitre, like sulphate of quinine, veratria is often wonderfully efficacious; in some cases it is useful, in others it fails more or less completely. It remains to determine the indications and contra-indications of this remedy.—*Gazette Medicale de Paris, 22 April.*

Cases of Articular Rheumatism with Cerebral Complications—*Followed by Remarks.*—This report consists of six observations, with judicious remarks. M. Vigla thinks that the different affections of the brain, which take place during an attack of acute articular rheumatism can be classed under these heads.

1st. Simple delirium taking place in rheumatism, and resembling the sympathetic or nervous delirium which is observed in a great number of acute diseases, with febrile symptoms from an internal or traumatic cause; or, in a word, rheumatism complicated with delirium.

2d. Delirium and a combination of most of the symptoms and probably lesions peculiar to meningitis—the rheumatismal meningitis of authors.

3d. The ataxic state, sudden and unforseen, soon followed by colapse and coma—Rheumatismal apoplexy of Stoll and other writers.

The last condition seems to us to be nothing more than rheumatismal meningitis which has run its course rapidly. In epidemics of cerebro-spinal meningitis, cases have been seen as rapid in their onset and evolution, and they were not on this accouut called cases of apoplexy, but the disease in its greatest intensity. It is the same with M. Vigla's cases, his apoplexy is nothing more than severe form of meningeal rheumatism.

Acute or sub-acute meniugeal rheumatism cannot be strictly called a complication of acute articular rheumatism. The affection of the sero-fibrous membranes of the brain, are only manifestations in different loealities of the same morbific agent.—*Gazette Medicale de Paris.*

Iodide of Potassium in the Diarrhœa of Children.—We read in the Dublin Hospital Gazette, that M. Meré has frequently employed the iodide of potassium, with much success, in the atonic diarrhœa of children, particularly in that kind succeeding eczema of the face or of the scalp. Tolerance of the medicine is established quite readily, and in children of two or three years, the dose may be carried as far as ℈ij a day. The following formula is recommended:

R — Potass. Iodidi, ʒij—ʒiij,
Aquae Distillatæ ʒvi.

One or two teaspoonsful at a time, in sweetened water.

By exhibiting the medicine in a large quantity of fluid, there is less danger of exciting irritation of the eyes or of the frontal sinuses. The dose may be repeated three or even four times during the day; but in that case the greater portion must be given in the afternoon, because the reaction excited by the medicine operates at night, and the patient feels better on the following day.

Increase of appetite is a good sign during the administration of iodide of potassium; but when, on the contrary, the appetite diminishes, the children soon become unable to support the smallest dose of this medicine.—*Revue Thérapeutique Medico Chirurgicale.*

On the Secretion of Milk in New born Children and the Accidents which may accompany it.—*By Dr. Natalis Guillot.*—This secretion of milk, which takes place a few days after birth, in children of both sexes, is certainly a remarkable phenomenon. It does not take place in children born of poor, old or diseased parents, but manifests itself in those who are well provided for, and who have a good constitution. This secretion cannot be called in question; with the microscope the globules of milk can be perfectly well appreciated. The secretion may give rise to certain accidents, which are thus noticed by Mr. Natalis Guillot: They consist in a swelling of the mammary region, hard, manifesting a sympathy with the sub-maxillary glands, and the formation of fluctuating points, which are so many abscesses, containing pus, mixed with globules of milk. This affection requires puncture with the lancet, and emolient applications. It is curious to see an affection arising at so early an age, on a small scale, which takes place itself on a large scale in the adult women, whose mammary glands secrete milk after parturition.—*Gazette Med. de Paris.*

Miscellaneous.

Physico-Medical Society.—We are unable to furnish our usual report of the transactions at the last meeting of this Society. They will appear in our next number.

CHARITY HOSPITAL.

The surgical wards are at this time unusually uninteresting. There has been for the past fifteen days but one operation performed—amputation of about two-thirds of the penis, rendered necessary by cancerous degeneration.

A man entered one of the surgical wards on the night of the 9th inst., who had fallen from the top deck of a steamboat, a heighth of about thirty feet, and struck upon a chain cable. He fell partially on his back and side, and finally on his

face. He complained of great pain in the lower portion of the dorsal region; had much dispnœa, with inability to pass his urine. There was tenderness of the abdomen on pressure, with some tympanitis. On introducing a catheter, although the instrument entered the usual distance, but a small quantity of urine flowed, and this mixed with blood. The man died on the second day with all the symptoms of peritonitis. On post mortem examination, the anterior portion of the fundus of the bladder was found to be extensively ruptured, and the mucous membrane much softened. There was considerable effusion in the cavity of the abdomen, with other signs of peritoneal inflammation. One of the lower dorsal vertebræ was displaced laterally, in such a manner as to cause some pressure on the spinal marrow.

A man, forty years of age, was lately admitted into one of the medical wards of the hospital. He complained principally of a disordered condition of the stomach. The attending physician, after treating the patient several days, suspected he was suffering from some pain which he had not mentioned, and was induced to introduce a catheter into the bladder. The patient then acknowledged he had stricture, which he said did not cause much difficulty in urinating. On examination of the perineal portion of the urethra, the existance of a diffused abscess of that part was detected. The patient was transferred to a surgical ward, but the tumor of the perineum increased; infiltration of urine took place, and the patient died soon after his removal. Post mortem examination revealed the existence of a false passage in the urethra, produced by unskillful introduction of the catheter. The patient had denied that such an instrument had been used.

A man was brought to the hospital who had been treated outside for inflammation of the neck of the bladdea and stricture of the urethra. The clumsy introduction of some instrument into the urethra, had caused rupture of the canal, and a false passage had been made. When the patient entered the hospital, urinary infiltration had already taken place. A small gum elastic catheter was introduced into the bladder, and the urine drawn off. Hip baths and emolient drinks were ordered, with suppositories of hyosciamus and belladonna. Free incisions into the scrotum were made: sloughing of the scrotum took place on the second day, and the patient soon after died.

In the medical wards, no cases of yellow fever have as yet made their appearance. Cases of cholera have lately been quite frequent, and there seems to be a tendency to diarrhœa in many of the patients admitted into the hospital. Since the 28th of May, there have been twenty-nine deaths from cholera, and five discharges. The cases are nearly in every instance brought to the hospital in the stage of collapse, and are, of course, treated under very unfavorable circumstances. The most successful plan of treatment, which has been lately tried, is that by the dilute sulphuric acid. This is given in the proportion of ʒij. in an ℥iij. mixture, with acetote of ammonia and syrup of opium, a table spoonful every half hour. There still remain in the hospital some ten cases of cholera.

CHARITY HOSPITAL REPORTS.—Month of May, 1854.

Admitted,	675
Discharged,	574
Died,	95
Births, 11; of which males, 8; female, 3.	
Stillborn, 1.	
Report from May 20th to June 12th, inclusive:	
Admitted,	352
Discharged,	306
Died,	73
Births, 2; of which male, 1; female, 1.	
Number of patients remaining in hospital,	401

NOTICES of EXCHANGES.—We have received the following journals in exchange: The "Medical Examiner," edited by Samuel Holliugsworth, M. D.; and the "Iowa Journal of Medicine," conducted by the "Faculty of the Medical Department of the Iowa University."

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. JULY 1, 1854. NO. IX.

Since the discovery of general anæsthesia, it has been considered as one of the greatest blessings conferred on suffering humanity. At first, like all great discoveries, it had numerous opponents, but its votaries made it triumph over all obstacles, and its use became general over the world in all the hospitals and in private practice, until it was considered an indispensable acquisition to science. The small number of deaths reported did not militate against its employment. Causes were assigned, such as carelessness, want of skill, impurity of the chloroform, the patient's health or constitution, etc. Recent events, however, have given to the subject much more importance than it has ever assumed before, and new facts have been brought to light, which are at variance with our preconceived notions.

The unusual number of deaths from chloroform in the hands of surgeons noted for their skill and prudence, first attracted the notice of the profession, but the great exciting cause of the discussion, which lasted for months in the *Société de Chirurgie*, one of the most learned societies in France, was that a great principle was involved — the responsibility of members of the profession. A young surgeon, occupying a high position, and much esteemed, was brought before the tribunals, and tried for manslaughter. Not long since the same thing was done in England. After a thorough investigation in each case, they were acquitted. But was not their professional reputation compromised — nay, injured in the estimation of the community? About as much as the innocent man, who, being dragged before the courts of justice, undergoes a public trial, but is *honorably* discharged, because the evidence is in his favor, or insufficient. Mr. Velpeau gave it as his opinion before the Academy of Medicine, "that the issue of this trial was of much more importance to society than

to the medical profession. The patients and not the surgeons require the use of chloroform, and that it is a question that concerns humanity. It is evident that if the surgeon foresees a possibility of an accident of which he is not the arbiter, and which will bring on him a judicial condemnation, however great may be his desire to relieve the sufferings of his patients, he will refuse to do so. And, as for myself, if I am to be blamed or prosecuted, I will not dare to employ chloroform."

What are and must hereafter be the results of such events, and of past and future inquiries? They may be summed up in the following general propositions:

1. The establishment of general anæsthesia on a firmer foundation, until a substitute can be offered which may accomplish the same end without the dangers.

2. The dignity of the profession will be guarantied, and the responsibility of its members brought within certain special limits.

3. The advancement of medical science.

These propositions, we think, may be sustained by reasoning and facts.

Proposition 1*st.*—The first beneficial effects of investigations on the subject will be to bring to the notice of members of the profession the dangers and responsibilities they incur, tending to restrict its use and stimulating them to omit no precaution deemed essential to avoid accidents. It is, indeed, surprising that more have not been reported, when we consider that it is used over the civilized globe, and not restricted to capital surgical operations. It is employed daily in medicine empirically, and on a large scale. The most ignorant, not cognizant of the simplest rules for its administration, have full authority to experiment. All those considerations, generally deemed contra-indicating, are neglected; yet, since the introduction of chloroform into Great Britain, there have been only thirty cases of death attributed to it. It has been administered in St. Bartholomew's and University College Hospitals, in London, thirty-two thousand times with only two fatal results. It may then be inferred how rare are such mishaps. Besides, when deaths occur some hours after the administration of chloroform and the performance of a surgisal operation, we cannot say positively whether death was the result of chloroform or of the operation, or of some other unknown cause; for these cases are exceedingly rare, and persons have died suddenly after an operation where chloroform was not given; many persons have suddenly fallen dead without any assignable cause at the time, which may or may not have been revealed by post mortem examination.

General anæsthesia is one of the glorious triumphs of science, and is now almost universally considered indispensable in the practice of our art. It is certainly a calamity to the surgeon when he has been immediately, though accidentally, instrumental in killing a fellow creature. But it is an acknowledged principle in medicine, that responsibilities must be assumed and risks incurred. Fatal accidents were of frequent occurrence before the introduction of anæsthesia in medicine. The simplest operation may produce death. Is the surgeon to shrink from the performance of his duty on this account? Bleeding has killed more persons than chloroform in the same space of time. Would any rational man discard this heroic remedial agent? Dr. Farre relates a case in which two grains of calomel, with some cathartic extract, produced horrible salivation, caries and death, after months of horrid suffering, and only a few years since, how numerous and deplorable were the consequences of its indiscriminate and injudicious use! Has it been abandoned? It has been justly called our sheet-anchor in medicine. The introduction of a catheter, and the application of the actual cautery to a tumor has proved fatal.

Such instances might be multiplied, *ad infinitum*, but it is unnecessary. We may prevent traveling on railroads and steamboats, with much more reason, because of the numerous explosions and other accidents.

In this country, there does not seem to be so many fatal results reported from anæsthesia. Perhaps the chief cause may be, that many of the cases are not reported; another is, perhaps, that ether is still much employed or mixed with equal parts of chloroform, which, though less powerful and effective, is certainly less dangerous. Hence, the above arguments in favor of general anæsthesia may seem self-evident and unnecessary to many of our readers; but in France, where chloroform is used exclusively, and every fatal case is exacted and reported in all its details, where every precaution is taken by the surgeon to avoid accidents, there are many of the most eminent men who are disposed to shrink from the responsibility, and fears were expressed in the learned societies as to its future fate. One of the ablest journals in Paris, (*Revue Medico Chirurgicale de Paris,*) under the direction of one of the most eminent surgeons and Professors in the School of Medicine, Malgaigne, proclaims that if the conclusions of the Société de Chirurgie are correct and further sustained by facts, no conscientious man could or ought to use it.

Now, nothing but the most glaring inconsistency, and a feeling nearly allied to fanaticism, if not fanaticism itself, could make these men over-

look or forego the immense usefulness of anæsthesia. In a previous number of our journal, we published Dr. Simpson's statistics, furnished him by many of the most distinguished surgeons in Great Britain, proving conclusively that the mortality following surgical operations has been greatly diminished by the use of anæsthetic agents. Does not this compensate for the very few dangers to which the practice of inhalation exposes the patient?

Proposition 2d. These are the conclusions of the Société de Chirurgie, and so important in a medico-legal point of view:

"That the inhalation of chloroform may give rise to serious accidents and even death when it is pure and has been most skillfully administered, but the avowed cases of the kind are rare and altogether exceptional in comparison with the innumerable observations which bear witness to its benefits.

"2. A close examination of facts has shown that when death supervenes, it should not always be attributed to chloroform, and that it may depend on other causes."

These conclusions were unanimously received, and could not rationally admit of a doubt, when the facts and arguments adduced in the discussions are considered. They must have very great weight in all future trials in a medico-legal point of view. On them, and on such as future observations may induce learned societies to proclaim, will depend the dignity of the profession. They will also point out the duties of its members and limit their responsibilities before the tribunals. The opinion of individuals on this question not included within these conclusions must also have their weight.

Proposition 3d. It cannot be otherwise than that such discussions will tend to the advancement of science. First of all, it would be important to find out in what manner death takes place; whether by syncope, asphyxia or nervous influence. Observations seem to show that death may take place in these three ways, although post mortem investigations afford no information. From the mode of death, if well established, we may draw important inferences, viz: That those cases of death which occurred hours and days after the administration of chloroform and a surgical operation, and referred to the influence of the former, cannot be attributed to it.

If the danger arises, as it sometimes positively does from asphyxia, we draw forward the tongue, and the patient is saved. The idea of allowing the head to hang down was suggested by the mode of death by syncope,

and flagellation and galvanism are intended to rouse the flagging nervous powers — artificial respiration to give the powers of the system time to overcome the poison. Here we have all the known means to avert impending death, which have already saved so many who were doomed. We will only add, that the surgeon should attend to the administration himself as much as possible, and pay as much attention to the respiration as to the pulse, and that he should feel sure that sufficient air is inhaled with the vapors. There are, it must be confessed, difficulties which are insurmountable. How is it possible that the quantity of vapors could be limited so as to produce sleep without danger? It is necessary, in order that the vapors should exercise their influence —

First — That they enter the lungs; second, that they should be absorbed; third, that they should circulate, mixed with the blood; fourth, that they should make an impression on the nervous system. Then, does every individual breathe in the same manner? Have they the same number of inspirations in a given time? The inspirations are not equally full; the same quantity of air does not penetrate into the lungs at each inspiration; the capacity of the lungs and the extent of the pulmonary mucous surface are not equal in different individuals; the power of absorption is not the same; the circulatory system is not equally capacious; the rapidity of the circulation and the number of beats of the pulse vary much; the nervous system is not equally affected in different individuals. Now, if we consult the facts, we will find patients dying suddenly, having inhaled only half a drachm to a drachm. Nay, more; a patient who sleeps naturally, after a few minutes inhalation, will die sometimes after the surgeon has begun the operation, and then after only a few more inspirations. An analysis of the cases cited by M. Robert in his report will show that in a majority of the cases which terminated in death, the quantity inhaled was small. We may, then, draw the conclusion, discouraging as it is, that death is generally owing to a peculiar state of the organism or individual idiosyncrasy. What alternative is left us? To continue with general anæsthesia until we can find something which has its advantages without its dangers. Accordingly, we find that experiments are going on in all the large hospitals in France, and every effort made to discover the most effectual method of applying the vapors locally. The success, however, is only partial; but this is a great point gained; for, though not sufficient to perform capital operations, numerous and painful minor operations are daily performed by the aid of local anæsthesia, such as the application of the actual cautery and taking out superficial tumors, etc.

Observations on Yellow Fever:

By Warren Stone, M. D., *Professor of Surgery, University of La.*

Yellow fever is one of those intangible diseases that defies research. We may feel convinced, but we cannot demonstrate either its cause or mode of propagation. Statistics furnish a vast mass of contradictory facts from which men of equal candor and judgment draw the most opposite conclusions. Perhaps, by continuing to record and to analyze the facts upon this subject, we may, in time, come to some uniform and useful conclusion; but, for the present, the public must be content with the conclusions of those who have carefully observed and sifted these contradictory facts. Yellow fever, to my view, is a specific disease in every respect. It is specific in its cause, and independent of any known cause of disease, as it is the same in nature and virulence in every section of country where it is found, whether on the delightful and salubrious magnolia ridges of the interior, or in the low and filthy regions of the city. It is specific in its effects, as it never attacks the same individual a second time, and the acclimation to it is never lost by any change of climate for any length of time. Nothing but the disease itself acclimates; no length of residence in the vicinity, and none of the diseases peculiar to the locality have any influence in giving exemption or modifying its character; on the contrary, those that are vigorous and fresh from a bracing climate have it more favorably than those who have been renovated by the ordinary influence of warm climates when it rages. The place of birth has no influence in diminishing the susceptibility to it; but I believe it diminishes through successive generations, and will, with the standing population, cease entirely in a few generations. No doubt there has been but little risk with children in ordinary epidemics, born at the North, and evidently less with children of Creole parents. The subject of contagion, which had been settled almost beyond question, was revived by the epidemic of 1853, and now there are many supporters of the doctrine of contagion among the elder and experienced physicians. Perhaps, if every one who writes or speaks upon the subject, would define his meaning of the term or application of it, there would be less dispute. Contagion is, according to the etymology of the term, confined to the spread of disease by contact; but it is applied to all those diseases that generate their own poison, diffuse it in the atmosphere and spread it without contact, such as small pox, measles, etc., as well as to diseases that require actual contact.

I have no doubt but that the poison, whatever it is, that produces this specific disease, has to come in contact with the fluids and the solids of the subject upon whom the disease is produced; but the question is, how is the poison produced? I am as certain as I am of anything, that it is demonstrable that the disease does not generate the same poison that gave rise to it, and taken out of the atmosphere where it originates, it does not spread either by contact or any effluvia that may be given out. The innumerable instances of attack after exposure to the disease proves nothing when the disease is springing up all around spontaneously, even among those who exclude themselves from everything but air, which they are obliged to breathe just as the winds of Heaven waft it to them. It is a fact well known, that those who generously and cheerfully go amongst the disease and administer to the wants of their friends, escape much longer — (in very many instances escaping altogether) — than those who, in selfishness and cowardly fright, flee from it, and lock themselves in their chambers after sun set. The reason is plain. The same cause is operating upon both classes, but the one loses the horror of the disease by familiarity with it, and after this wholesome fatigue, lays his head upon the pillow with the soothing consciousness of having done his duty as a man and a friend, and sleeps sweetly; whilst the other is left to his imagination, which always magnifies unseen evils, and without proper exercise and fatigue to instigate sleep passes restless nights, dreaming of black vomit, and awakes unrefreshed a fit carcass for the location of any disease that is floating in the atmosphere. It is not from a collection of isolated cases, no matter how numerous, that correct conclusions can be drawn, but from large numbers seen at a single view. The Charity Hospital was formerly on the outskirts of the city, on the verge of the unreclaimed lands, and the yellow fever usually commenced on the front next to the river, and spread gradually back towards the hospital. In 1833, there was but little fever in the vicinity of the hospital, but the hospital was crowded, and the attendants and nurses were mostly unacclimated, but there were more exempts from attacks among them than could be found anywhere in the city, in proportion. In consequence of the severity of the epidemic, it was impossible to procure laborers to keep the institution clean, and it became so filthy that a house fever was generated of an adynamic type, but bearing no resemblance to yellow fever, which some took who had escaped the yellow fever, showing that it does not generate its own poison, and that the very filth of yellow fever, although it created a disease, failed to stamp it with its specific character. However, I am not arguing the point against contagion; for to do justice to the subject, and to bring all the facts and argu-

ments necessary to refute the host of coincidences that go strongly to favor the doctrine of contagion, would require a volume. I will merely express my firm conviction, after all my experience, that this disease does not generate its own poison; that an accumulation of cases in an hospital, or in any other place, does not render the inmates any more liable, except from fatigue and moral influence, the system be depressed and rendered more susceptible to morbid influences; and that cases may be accumulated outside of the atmosphere that generated them and confined in such a manner as to cause sickness with the attendants without imparting to it the specific character of yellow fever.

Of the nature and pathology of the disease, there is nothing definite determined upon by the profession. My view is, that the disease is general, and has no anatomical character whatever; that is, there is no uniform lesion, and never sufficient to account for death. The straw colored liver, which is mentioned as being so uniformly found, is nothing but the natural color, under the change in the fluids, which tinges the skin and tissues, varying perhaps a little, according to the natural color of the organ, and the engorgements spoken of are accidental, and cannot be diagnosed before death. The state of engorgement of the mucous and other tissues is the most natural, as death takes place with the veins full of fluids, and the capillary circulation usually ceases first. Whatever may be said of inflammation, I have never seen the products of inflammation upon any tissue except it occurred as a sequel to the disease, and hence it is one of the most tolerable of all acute diseases, as it runs its course rapidly, and never leaves disordered organs or an impaired constitution; on the contrary, those who are suffering functional disorders, and diatheses not fully declared, are generally renovated in health. Practically, it is of but little importance whether the poison affects the blood first, and through it the nervous system, or whether it is more subtle and electric, and acts directly upon the nervous system, certain it is that the effects are first manifested on the nervous system, as it is ushered in by rigors, sometimes amounting to a severe chill, followed quickly by severe pain in the head, back and limbs, and the rigors are soon followed by heat of skin, flushed countenance and injected conjunctiva. There is something peculiar in the character of the pains, the heat of skin and appearance of the eye, but it is folly to attempt to give invariable symptoms, or to pretend that even those who are experienced in the disease can distinguish it beyond a doubt in the early stages. When the disease is ushered in boldly and distinctly, there is a natural tendency to a remission, and the patient, if covered well from the air, can be easily thrown into a free perspiration, which, if

properly encouraged, will, in many cases, continue until the pain and heat of skin subside entirely, and if perfect rest is observed, the paroxysm may not return. The mild cases often terminate in twenty-four or thirty-six hours; but a majority of the favorable cases continue until the third day. The pulse cannot be said to be any criterion, at least in comparison with the state of the skin. If the heat of the skin is very great, or does not subside under the free perspiration, we may fear that it will not subside favorably, and the disease will run into what may be termed the second stage, where the skin is hot and dry, and no means will bring on or keep up a perspiration. This stage may continue until the fifth or seventh day, or even longer, when it either subsides favorably, or terminates in collapse or black vomit.

I have said that the disease manifested itself first on the nervous system, and it continues so throughout. Marked by the excessive pains and extreme susceptibility, the slightest exposure to the air during the sweating stage will dry the skin and aggravate the symptoms, and, finally, when the fever leaves the patient, there is a strong tendency to wakefulness, and delirium, not unlike that of mania potu.

It is not my intention to write a history of yellow fever, but merely, in a brief and general manner, to express my views of its nature and treatment. From what I have said, it will appear that I believe it to be caused by some unknown state of the atmosphere, and that it is specific and general in its effects, with less disposition to localize than any known general disease, and I will add that it is self limited, is never cured, but terminates itself, and may be managed in most cases so as not to produce death. With this view, the treatment ought to be very simple; and so it is, but there is a great deal in management, and the proper use of trifles. In the onset of the disease, it is proper to evacuate the bowels, and this should be done in the easiest and simplest manner. Castor oil or enema, when there is injesta in the bowels, is the best; the patient placed in bed and well covered from the air; and although the air should be fresh in the room, the patient should be kept out of any current. It should be borne in mind, that the patient is doing well when there is free perspiration without the use of extraordinary means to keep it up, and that small things, such as exposure of the hands, talking and exertion of the patient, etc., tend to check it. The perspiration may be started by a hot foot bath, under cover, and in the early stage by the use of hot drinks. The methods of treatment may be divided into three — one class taking pretty much the view I have of the pathology and nature of the disease, treat it expectantly: empty the bowels, gently promote perspiration, apply a few cups to

the epigastrium, behind mastoid process, or to the spine, to one or all of these places, according to the sufferings of the case; regulate the drinks, etc., and if the case runs into the second stage with a hot, dry skin, sponging the surface at first perhaps (with a view to render the skin soft) with tepid water or citric acid and water, and finally with cold water and ice to head; in other words, no active or perturbating treatment is instituted, but the natural efforts of nature are encouraged and violent symptoms are opposed and mitigated, and the patient conducted through the different stages, and preserved from exhaustion, either by the violence of the excitement or the use of potent remedies. This is a very safe and excellent method, and used with judgment is very successful. Another class adopt a kind of imaginary pathology, and fire away right and left, using various weapons, according to the pathological views that may be adopted, as if the desire was to expel something tangible from the system by the force of arms. I have witnessed most systems, I believe—calomel to a degree that would have excited the admiration of Cook or Potter, and blood-letting to the satisfaction of Broussais himself, and it only excited my astonishment at the amount a patient can endure in yellow fever. The truth is, a patient can bear, without serious mischief, a large amount of calomel, provided it does not excite vomiting or act much upon the bowels, and also can lose a large amount of blood in a horizontal position, or provided the sedative effect is not produced; but the question is, what can be done with advantage, not how much may be done without killing. My experience is, that all systems of active perturbating treatment are about equally successful, or rather equally unfortunate. Another system has for its general features the expectant plan, with the addition of the use of quinine in the early stage.

Although this may be termed a system of treatment, there are a variety of methods of administering quinine. Some give it in large quantities, without qualification or preparation; some endeavor to obtain a remission, which can almost always be done if the patient is seen early, and some are very timid in its use, and would do better not to give it at all. I have used it for the last seventeen years, and have made but little alteration in my method since 1837. If I see the patient early, or in the forming stage, I am in no hurry to administer the quinine. The stomach is often full; the patient may vomit, or may require a dose of oil, or something to evacuate the bowels, which can be given with a hot foot bath, and afterwards the quinine, in quantity sufficient to put the patient fully under its influence, and this may be done either by a single dose or in two or three divided doses given in a short time; I prefer a single dose if the

stomach will bear it. Twenty grains of pure quinine is enough to put any patient under its influence, and I am satisfied that enough is better than more, although I do not believe in the evil effects of quinine, which some have, in my opinion, unjustly and injuriously accused it of. It is unfortunate that men will endeavor to sustain their own peculiar systems by detracting from, and throwing odium upon those of others, instead of resting upon their own merit. There can be no doubt as to the great value of this remedy in this disease. Its mode of operation will better explain its value. If given early it relieves the excrutiating pains even of the head as completely as in the case of a distinct intermittent neuralgia, diminishes the injection of the conjunctiva, promotes perspiration to profusion, prolongs the sweating stage in a large majority of cases, until the disease subsides and maintains the integrity of the nervous system, so that the different functions will be but little disturbed. The expectant practitioner will say that can be done in a majority of cases without quinine. I grant it, but quinine, in addition to the expectant treatment, will save ten per cent. more in my opinion. In 1837, I had four wards in the medical department of the Hospital; the patients were admitted in regular turn to each physician, and of course in the course of a month the cases must have been about equally favorable, and ten per cent. was the difference in result. I even divided my own wards two and two, until I was so well satisfied of its advantages that I felt, that I was not doing my duty to neglect to give it in a fair case, and only continued my observations upon doubtful cases, or cases advanced in the disease. The true principle is to administer early in the disease, sufficient quinine to place the patient under its influence; say from fifteen to twenty-five grains, according to the case, and repeated after some hours, so as to keep up the influence gently. I formerly was in the habit of giving with it either blue mass or a few grains of calomel, but finding, as a general rule, no condition requiring it, I have dropped its use. The case should otherwise be simply managed, cups, either dry or scarified, or sinapisms, to relieve the pain of spine or head, may be useful. I generally prefer sinapisms, as it disturbs the patient less to apply them. Cold drinks, as a general rule, but occasionally in the latter part of the disease, drinks as hot as can be taken, have a fine effect upon the stomach. If the attack is severe as it is subsiding, the patient sometimes becomes restless, and complains of a burning sensation in the stomach, indicating the acid secretion that always precedes and accompanies black vomit. This may be relieved by the administration of alkalies, with very minute doses of opium or morphine, not more than a twentieth or thirtieth of a grain of

the latter at a time, for patients are extremely susceptible to its action, and a small quantity may produce stupor.

Many of the cases, I have said, have nervous delirium in the last stage, or rather as a sequel. In 1847, most of the fatal cases were of this character, having passed the stage of black vomit, which is the natural termination of all fatal cases. This must be anticipated, and anodynes administered moderately before the patient is so renovated as to render them dangerous, and stimulants resorted to earlier than would appear necessary from the evidence of mere exhaustion. I have said that quinine should be given early, at least as soon as the cold stage has passed, but I never give it in the second or last stage. Some give it after the disease has subsided, and the patient ought to be left alone. Some are too timid to use it in the early stage, when it ought to be used, and finding ordinary means fail, resort to it when I would not; and some give it in unnecessary and unwarrantable doses from beginning to end. Is it strange that quinine has its opponents? I am as strong an opponent of such use of it as I have seen, as any one, but because a thing may be abused, should it be discarded? I do not pretend that quinine cures, or cuts short the disease, but it favors the natural termination, and renders cases simple, that without it would be dangerous. Some cases I have said terminate in twenty-four to sixty hours, under the expectant treatment. With the early use of quinine a great many more cases would have this termination. These cases, however, have to be kept quiet the usual length of time, for if they are allowed to get up they become faint, or if they are guilty of imprudence the disease terminates in black vomit and death, showing that it takes a certain time for the specific poison to work its effects.

The epidemic of 1853 was the severest in character ever known, and more cases were fatal in their nature, in spite of any management, and all kinds of extravagances were committed in treatment, and many conservatives (perhaps honestly) seized upon quinine, and held it up as the cause of many of the symptoms that belong to the severity of the disease. It was as valuable in the proper stage last year as it ever was, but there were more cases in which all means failed to produce the usual favorable effects than ever known before. Many claim the merit of originating the use of quinine. I used it in two or three cases in 1835, but the epidemic of 1837 was the first opportunity I had of giving it a fair trial, and the principles upon which I use it were established that year. I have given my views of the main features of the nature and treatment of yellow

fever, without entering into the many minute details of nice management of critical cases which my feeble powers of description would fail to make plain, and which must be learned at the bedside. One of my objects in view was to give my feeble voice in support of a most invaluable remedy which has, in my opinion, been unjustly assailed, and the faith of the public shaken in regard to its use.

Yellow Fever in a Rural District,

AUGUST TO DECEMBER, 1853.

A. P. Jones, M. D., *of Petit Gulf Hills, Jefferson Co., Miss.*

[Concluded.]

I could enumerate each family, and show the inlet of the disease and its progress thereafter, but the foregoing is sufficient. Seventeen families became infected; in four but a solitary case occurred; in three less than four cases; the others had some as many as fifty; some as few as twelve. In ten families, the fever was evidently propagated from individual to individual of the family; and in two, Coleman's and Griffing's, every person, (except one baby in each,) had it. These were the first families infected, while the weather was yet very hot. Subsequently a non-intercourse was enforced, to a great extent, and as the weather became cooler, the cases were fewer, milder and farther apart.

Thirty persons, of all ages, sexes and colors, died — eleven adult white males, two adult white females, three each male and female adult Africans, the remainder were mostly white children. Of the adult whites, six males and one female were born in the vicinity; they were in the prime of life; one a native of Georgia, another a native of Charleston, S. C. Mr. F. Brown, aged 50, who often declared in my hearing that he had yellow fever in Charleston, in 1819 or 1820; that he had since been exposed to it, both in the West Indies and New Orleans, and he was known to have been at the Woodville factory recently, and at other places where yellow fever was prevailing. He was most assiduous in his attendance at Clifton, till he sickened himself; he had black vomit. All the subjects except Roger Wallace had been residents here for more than twenty years. A lady, a native of Natchez, and who never lived out of the limits of that

city, had yellow fever here this fall. She was on a visit, and did not try to avoid the disease, as she was under the impression she had had it in 1822 or 1823; she recovered. Two youths, 17 and 13 years of age, who were known to have had yellow fever in 1847—one in Vicksburg, the other in New Orleans—were in constant attendance on the sick; went to Port Gibson for necessaries for the sick and dead; assisted at all the burials—escaped; so did a negro man who had it in 1843. Only two other adults were known to escape who were exposed *all the season*—one a young man who had intermittent fever all the time; another, a middle-aged, delicate lady, who had a severe fever, accompanied with yellowness of the skin, in 1852. Many children escaped in all the families, except Coleman's and Griffing's. Many who called in for a few moments to see the sick, escaped; those who called after night, or remained through the night, were much the most readily infected. It was most rapidly fatal in the robust and corpulent; the delicate and lean recovered kindly. As many white adult females were attacked as males, but the deaths of males were more than five to one. In every female over the age of 14, the fever was followed by menstrual discharges. Of slaves, mulattoes took it first, but recovered as easily as the pure African. I could see no difference in the susceptibility of the races. The African preponderates at least five to one in this section, but the deaths among them did not make one-third of the whole. They recovered much easier than whites, contrary to the experience and observation of others in different places. I have found the African race more subject to summer and autumnal diseases than the whites. They are habitually negligent of themselves; are more exposed, and not so well cared for in sickness. I am sure I have lost twelve adult Africans to one adult white person, of fevers—the relative proportion for twenty years averaging seven to one. The last adult male of the white race I lost of fever, died 29th July, 1838; the last female, July, 1846. My observation has been considerable. The country is decidedly healthy, and for the last ten years I would as readily have sought exemption from fevers in the Petit Gulf Hills as in the Alleghany mountains.

Of the symptoms of this fever I need say nothing. Those of yellow fever are pretty much stereotyped, a new diagnostic being seen occasionally by a new observer. Of the treatment, I wish I could say something satisfactory and useful. Since the days of the "bleed to float a steamboat and give calomel enough to freight it" practice, the heroic emetic practice, which gave so many opportunities of proving the locale to be in

the ganglionic nerves, the abortive quinine practice, the mortality of yellow fever remains undiminished. Six unacclimated country physicians attended the infected districts; five took the fever on short exposure; one died; the others recovered too late to be of much service. Dr. T. J. Grafton, of Red Lick, who escaped, did not recognize this as yellow fever. He discarded New Orleans notions and New Orleans practice, but with his lancets, mercurials, diaphoretics and quinine, combatted it as he did other autumnal fevers. He lost not a case; but his practice was confined to families where the cases were solitary, or but few. Whether a like practice would have succeeded in the families where the mortality was so frightful cannot be said. Certainly, it was not tried. More than one was reported to have recovered after black vomit appeared; two, certainly, under the hands of Dr. W. G. Williams. As it was said to be in New Orleans, many who were thought doing well, were suddenly taken with black vomit or collapse, and died; while others, given over as hopeless, got up. Convalescence in all was tedious, and relapses frequent, and from slight provocations.

The object of this paper is not to speculate on causes or cure of yellow fever, but to afford the bold facts of its appearance and spread. The inferences from these facts are decidedly favorable to the doctrine of importation and contagion; no doubt can be entertained in any family, except the first — Coleman's — at Clifton. If no yellow fever had existed at the time on the waters of the Mississippi river, we might safely infer the local origin of the disease at Clifton. But if it originated there in 1853, why not any year within the last forty? Certainly, so far as appreciable causes are concerned, there were no more in this than in any of the past seasons since the place has been inhabited. The family had communication with infected places, if not persons. In the other families it was brought in by persons; meantime, those families escaping, enjoyed rather more than common immunity from the climatorial diseases of the season. The practitioners of this section, with one exception, have heretofore been non-contagionists — local origin men — now, with one exception, they are all the other way. As to the layity, noted for a high degree of intelligence and general information, all the doctors in the valley of the Mississippi could not persuade them this fever was not *catching* and *terribly killing*, too, as they express it.

I regret to learn, that the experience of the last season has much weakened the confidence of many of our most intelligent planters and business

men in the capacity of the medical faculty, either to teach them how to avoid the inroads of epidemics, or how to cure them when no longer unavoidable; and the pertinacity with which some of the leading practitioners and ablest writers of New Orleans still adhere to the local origin doctrine, is still further impairing public confidence. Medical men, as a class, are as able, industrious, honest and self-devoted to the good of mankind as any other class, the clergy not excepted, but individually and collectively are liable to err. Pity their errors are not always on the safe side. It is time those of the South-west, and especially of New Orleans, were reviewing and revising facts and opinions as they develope. Yellow fever is certainly spreading farther and farther from the great focus of infection in that city, every visitation. When the lines of railroads are completed from New Orleans to the various points contemplated, yellow fever will be seen periodically, if not annually in all the inland cities, villages and rural districts, having direct and rapid communication with that city, from the base of the Alleghanies to the base of the Rocky Mountains. So far as temperature and local causes are concerned, Nashville, Louisville, St. Louis and Cincinnati are as ripe for its spread, a few weeks every year, as the filthiest suburb or street of New Orleans itself. The smaller villages will be as liable as Woodville, Port Gibson and Jackson, and the rural regions adjacent will be scourged as they were in the vicinity of all those places last season.

Sanitary regulations, ordinances, committees and health officers have been talked of and tried in New Orleans, till no one has faith in them. The lancet, calomel, emetic, quinine, mustard baths, homœopathy and hydropathy, have been used and published as specifics, and the disease yet decimates. Things can't well be worse. Try something else as a preventative—something reliable as a cure, or quit everything, and trust to nature and fate. "*Quarantine!*" Oh, it can never be enforced, and would interrupt trade if it could. Well, does not the fever interrupt trade two or three months once in four or five years, sometimes oftener, to say nothing of the immense loss of lives, the capital it keeps away from the city, and the men of energy and enterprise it drives away annually from what is said to be the healthiest city of the South-west—*saving epidemics?* Who spends money to beautify a home, or improve a city, where they dare not live and enjoy the only leisure the business season allows? The railroads from the Atlantic cities have already *tapped* the commerce of the upper waters of this valley. Who can say, if the sanitary condi-

tion of New Orleans remains unchanged, that they may not reach the cotton and sugar plantations of the lower valley? The cream of the cotton season often passes away, business men being kept from New Orleans on account of yellow fever; the stocks accumulate, and prices depress; planters suffer. Should those railroads be completed, they may find it as cheap, perhaps cheaper, to land a bale of cotton at Lowell, Manchester or St. Petersburg, per railroad, via Baltimore, New York, or other Atlantic port—certainly less hazardous, as far as life is concerned, than by the river and New Orleans. Last was a bountiful season. Most persons in the country, however small their property, had a surplus of cash. Collections were taken up in all our log cabin meeting-houses, Sunday schools and public gatherings, by the half-dime and dollar, for the benefit of the "*sufferers by the epidemic;*" private individuals contributed—some by thousands. Money poured into New Orleans by hundreds of thousands of dollars. Nothing could speak better of our people. They may be willing to do the like again the coming or any other season, under the same circumstances; but will they be able? To all appearances, we are now on the eve of what planters call hard times—wars and rumors of wars—low prices for staples, etc., may oblige them to begin and end their charities at home. Besides, if this pestilence is to stalk through our land once in four, or seven or twenty years, cutting down our most useful and enterprising citizens, as was the case last season, we of the country will be compelled in self-defence to devise and adopt measures to keep it away. New Orleans will then be the almoner of her own charities only.

Petit Gulf Hills, Jefferson Co., Miss., May 25, 1854.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. IX.

We have now come to the description of constitutional syphilis, or *lues venerea,* which we define to be the direct consequence of absorption into the circulation of the syphilitic virus. This morbid temperament we term

diathesis; adopting the two divisions of this affection by Fernel and Hunter into—first, those symptoms which appear during the first stage of the *lues venerea*, and second, those which are observed at a later period; for the sake of precision, I have substituted the terms *secondary* and *tertiary* symptoms for the above classification. Secondary syphilis consists then in the early constitutional manifestations of the syphilitic virus, which are hereditary, but incapable of being transmitted by inoculation. Under this head, we include those various morbid phenomena which occur on the surface of the skin, the mucous membranes and iris.

By the term tertiary symptoms, is meant those constitutional syphilitic affections included under the head of nodes, periostitis, exostosis, caries and *tubercules* of the sub-cutaneous and sub-mucous cellular tissues. Like secondary symptoms, they are not inoculable; neither are they transmitted hereditarily, as constitutional syphilis, but undergo certain modifications and transformations, constituting perhaps the most common source of scrofula.

Notwithstanding the contrary assertions of Tomatino, Fabre, Benj. Bell and Hunter, the absorption of the syphilitic virus, unless hereditarily transmitted, never takes place without the primary sore, chancre.

The above named writers admit, however, that the number of cases in which the occurrence of secondary symptoms occur without the existence of primary sores, is very limited indeed. With all the respect due to the memories of such men as Fabre, Bell and John Hunter, is it not more plausible to explain these apparent exceptions by supposing that primary sores, chancres, existed in regions unexplored by them, such as the urethra, anus, folds of vagina, neck of uterus, etc.?

As yet, there exists no persons refractory to the primary effects of the syphilitic virus, but positive experiment has proved that all persons are not equally apt to contract constitutional syphilis, and strange to say, neither constitutions, temperaments, age, sex nor climate can explain this immunity. One fact worthy of notice, however, is, that a person who has once had constitutional syphilis, possesses an immunity from a second attack; as in the case of vaccine matter, which acts but once, so will secondary syphilis never occur a second time. A patient may have relapses of secondary or tertiary symptoms, but he is never liable to contract again an *indurated chancre.**

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* The fact that first induced Mr. Ricord to believe that constitutional syphilis, like small pox, only shows itself once in the same individual, are the following: Mr. Ricord accidentally inoculated himself twice in the hospital, in 1835, for the first time: he contracted a chancre on the index finger: the sore became indurated; secondary symptoms followed, and a mercurial treatment cured him. Years afterwards, he was again unfortunate enough to contract the disease accidentally; the chancre which followed, as well as the inoculation from it, (to test its nature,) far from becoming indurated, took on a phagedœnic character. Mercury was not administered. No secondary symptoms followed. Since then he has repeatedly inoculated himself designedly, and the sores have always confined themselves to local manifestations.

In constitutional syphilis there are three things to be considered—*first*, the individual predisposing causes, without which the infection is impossible; *second*, the diathesis or modification that the system has received by the infecting virus, diathesis, which as the property of remaining latent for a certain length of time, without local manifestations themselves. If it were ever possible to happen, that the dogmas of humoral pathology should be doubted, the evolution of constitutional syphilis alone would suffice to reëstablish them; for it is now placed beyond a doubt, that it is through the blood that the virus is carried to the different tissues through the body and there produces those regular and successive alterations which we notice. For the development of constitutional affections, something more than a syphilitic diathesis is required, for a patient laboring under its influence may remain a certain length of time, without local manifestations, and besides the appearance of these last, in different regions, in different individuals, at different times, proves the necessity of predisposing causes.

It is then necessary that there should be some functional derangement, together with a syphilitic diathesis for the appearance of secondary symptoms, which physiological, hygienic or therapeutical conditions can retard or prevent.

For the evolutions of syphilis, there are always three distinct stages: First, the primary symptoms which appear immediately after exposure to contagion, and always susceptible of being inoculated; second, the secondary symptoms which are hereditary, but not inoculable, and which never make their appearance before the third week, but generally between the sixth and eighth, after the primary affection; and last, the tertiary, neither inoculable nor hereditary, and never make their appearance before six months, and very often do not show themselves before several years.

This order of appearance inevitably occurs when the syphilitic diathesis is allowed to run its course without any treatment being directed against it. But a proper remedy, systematically pursued, may prevent altogether the occurrence of secondary and tertiary symptoms. If the treatment be imperfect, it will only serve to retard or prevent the early manifestations, the secondary symptoms for instance, and years will pass when the tertiary symptoms will break out. I have never known the disease to be dormant when no mercury has been used.

The primary sore once cured, can never be reproduced again, without a second exposure to contagion. A patient, however, may have relapses of secondary and tertiary symptoms dependent upon this primary affection.

A case of Labor Complicated with Eclampsia.

Reported by JOHN BUTTS, *M. D., of Lake Washington, Miss.*

Amelia, aged 19 years, a healthy, robust negress — primip — was found by her mother, about one o'clock during the night of the 7th May last, in an epiliptic state. The overseer was at once called; a messenger was dispatched for me. I reached the patient at 6 o'clock; learned that she was at the full time of pregnancy, but had not been well for several weeks previous. Her feet and legs had been greatly enlarged. I was informed that the spasms had been incessant since she was discovered. She had not spoken to or noticed any one. I found her in a convulsion; pulse full, respiration hurried and labored. I made a vaginal examination; found the os uteri slightly dilated, but hard and unyielding. The inferior extremities were presenting; placed my ear on the uterian region; no pulsation of the foetal heart perceptible. I determined as soon as the os was sufficiently enlarged to deliver the child by manual interference. I opened a vein in each arm; allowed the blood to flow for some time; spasms incessant; the os slightly softened, and more disposed to yield; deglutition impossible. The pain came on regularly, and with every one an accompanying spasm. I sent to my office for chloroform; received it at 8 o'clock; commenced at 1 to put the patient under its influence; took it kindly; no convulsions for a time; stopped the chloroform; convulsions returned at once; found by another examination, that the os uteri had enlarged a little; placed the handkerchief again to the woman's nose; discontinued the chloroform after keeping her under its influence about thirty minutes; spasms returned as before; concluded that the safety of my patient depended upon the anæsthetic; determined to keep her under its influence until I could remove the child; no spasms since the last inhalation; made another vaginal examination: os soft, but not much enlarged from previous examination. This state of things continued until 1 o'clock, P. M. The condition of my patient evidently worse; still narcotized by chloroform. I determined now to use slight force to introduce my fingers, it having occurred to me that by rupturing the bag of waters, the sudden gush of fluid might bring the presenting part of the child in reach. Much to my satisfaction, this was the consequence of the rupture: I kept firm hold of one foot, and by gentle traction brought the other in reach. Now my point was gained. With every pain — for, though feeble, they had

never been entirely suspended for any length of time — I gently drew up the feet. The os uteri yielded beautifully. In about thirty minutes, or perhaps a little longer, I had the satisfaction of bringing into the world a dead child, full size.

I removed the placenta at once. Being compelled to leave my patient for other duties, I directed the nurse, an intelligent colored woman, to again administer the chloroform, its use having been stopped after the the delivery, if the spasms should return. With the after-pains, the woman became slightly convulsed, the chloroform was at once used for a few minutes. From this time, there was no return of the convulsions. Visited the woman next morning, the 8th; much to my surprise, found her in the same condition I left her the previous afternoon. Her skin was moist, head cool, pulse almost normal. She would not speak, but would swallow anything placed in the mouth. Her condition was that of one suffering from concussion of the brain. I directed turpentine enemata to be administered several times during the day. Saw the woman in the afternoon; condition same; ordered ten grains chlorid hydrarg, e. ten grains of jalap at bed-time — hot mustard foot-baths; head to be kept cool, and room quiet; patient rested well; I saw her next morning; medicine had acted well; no change in her situation; shaved head, and applied blister; continued the turpentine enemata; saw her next morning; she would open her eyes when questioned; dressed blister with mercurial ointment; to have chicken broth as nourishment — tea and toast. By pressure on the uterus, slight contraction of the right leg and arm was produced. The patient steadily improved, but did not speak or recognize any one until Friday morning, five days after confinement. The woman is now, May 31st, entirely well. In this case, what produced the condition after labor? Did the convulsions or the chloroform have the effect, or the combination of the two? I kept the woman for three consecutive hours entirely narcotised. I used during the time nearly half of a pound of chloroform. After allowing for waste, etc., she must have inhaled six ounces. *Chloroform not very good.*

If I had another case of the kind, I would perform the same course through. I was certain chloroform produced the condition in the above case. I am satisfied the woman could not have lived through the labor, if the convulsions had continued.

Miscellaneous.

Physico-Medical Society—*Adjourned Session, June* 10, 1854—*Dr. R. Bien, President.*—Dr. Axson reported a case of phlegmasia dolens in a puerperal female, also some cases of scarlet fever.

Dr. Hunt called the attention of the society to the subject of stricture of the urethra, many cases having recently come under his treatment in the surgical wards of the Charity Hospital. From his long experience in the treatment of this affection, Dr. H. was inclined to look upon dilatation as the best method of cure, never having seen much benefit from the use of cutting instruments. Among the many instruments now in use, those of Mr. Wakley had given him most satisfaction. Dr. H. could recommend them as superior to all others. Strictures, Dr. H. remarked, were either spasmodic or dependent on thickening of the tissue of the part. In the spasmodic form, the muscular fibre, longitudinal and circular, may be from some temporary cause thrown into spasmodic action; this condition could be relieved by the ordinary instruments. In the permanent stricture, where there was change of structure consequent on deposition of lymph, rude attempts with instruments of the ordinary kind frequently produced rupture of the tissue and often false passages. The advantages of Wakley's instruments in these cases was, that no rupture could take place, in consequence of the director which is employed with these sounds. It was evident, that with the old instruments dilatation was apt to take place in any other part of the canal than the thickened portion; such was not the case with Wakley's instrument, which were brought to bear directly upon the strictured portion alone, and you could dilate to the extent diseased. The instruments, as well as the remarks which he made, were applicable to strictures which were permeable, and he recommended them to the attention of the profession. Dr. Hunt mentioned several cases of gangrene occurring in the hospital, one in which gangrene took place in all portions of the body subject to pressure. Dr. H. took this opportunity of making some appropriate remarks in regard to the improved sanitary measures of England and other countries, and condemned in strong and forcible language the neglect of similar measures in this city, characterizing the conduct of the city authorities as reckless and parsimonious in the extreme.

Dr. Browning spoke favorably of the action of dilute sulphuric acid in cholera.

Dr. Fenner reported having seen some cases of cholera.

Dr. McGibbon reported an interesting case of disease of the heart. Dr. McGibbon also presented to the society a bottle containing forty of the *ascaris lumbricoïdes*, taken from the small intestines of a boy who died in the Charity Hospital. Dr. McGibbon remarked that his experience was unfavorable to the use of sulphuric acid in diarrhœa.

Dr. Bein coincided with Dr. McG. in regard to the dilute sulphuric acid in affections of the bowels.

Dr. Browning remarked that the treatment of stricture by dilitation was often unsatisfactory, as frequently the stricture returned after long and patient use of the sound.

Dr. Hunt was inclined to think that when stricture again occurred under such circumstances, it was a fresh disease, and not a recurrence of the old one—as much a new disease as a fresh fracture in a united bone.

New York, June 1, 1854.

Editors New Orleans Medical News and Hospital Gazette:

The medical world furnishes at present but little for me to chronicle. The colleges in this city have long since closed their winter sessions, graduating one hundred and eighty students from classes numbering about six hundred in attendance at these schools.

Close upon the termination of the winter lectures came the preparation for the choice of delegates to the American Medical Association, held at St. Louis. The delegates were appointed as usual; but few attended, the distance being too great,

the time required to make the trip too long, and the season of the year not altogether favorable for traveling. The attendance from New York was less than upon any previous occasion.

If delegates however cannot attend the convention, many of the medical men of this city can find time to take a summer trip to Europe. The exodus still goes on; every steamer bears away some one whose name is well known to the profession. Prof. Bedford, of the University School, has gone for a lengthened visit abroad, and Prof. Parker, of the New York Medical College, is soon to leave for a summer visit to Edinburgh.

The New York Academy of Medicine, in view of the many deaths from small pox in this city during the last winter, has recommended the establishment of a bureau of vaccination, where every one can avail themselves of the means of being vaccinated, or can obtain good and fresh vaccine matter. A writer in the Journal of Medicine for May, states, "that for the year ending March 1st, 1854, nine hundred and twenty-nine deaths occurred in the city of New York, from a disease confessedly more under the control of man than any other of equal gravity, five hundred and fifty-two of which occurred during the last third of the year."

The reasons assigned by this writer for the increase of this disease are—neglect of vaccination, imperfect vaccination, neglect of re-vaccination, and epidemic influence.

The mortuary reports also draw an alarming increase in the mortality of children from croup. During the year ending March 1st, 1854, there were six hundred and eighty deaths from this disease, and the first four months of the present year show a total of two hundred and ninety-one deaths. Attacking, as this disease does, children in the first years of their life, these statistics bear a mournful reproach to the profession as to its impotency against this fearful malady.

A review of these facts has given occasion to a paper in the last number of the American Medical Monthly, from Dr. Horace Green, in which issue is taken against the usual form of treatment adopted in this disease. The reducing perturbating mode of treatment is proscribed, while tracheotomy is spoken of only as a *dernier resort*, or agreed to rather upon the grounds that no means usually adopted by the profession should be left untried. The treatment proposed by the writer of this article, is that set forth by him in his published work on croup, consisting of emetics of ipecac and sulph. zinc, with calomel conjoined with Dover's powder, and applications to the throat and larynx of a strong solution of nitrate of silver. This latter he advocates most strongly, and reports cases furnished to him by physicians and surgeons in various parts of the country in support of it.

While speaking of topical applications to the larynx, I may draw your attention to a late attempt made by a New York physician, now in Paris, to deprive Dr. Green of the merit of having proposed this new mode of treating diseases of the air-passages. The attack was made through a Paris Medical Journal, and is considered as tame and inconclusive as it was uncalled for, but shows to what extent cliqueism may exist in this city. In the April number of the journal mentioned above, Dr. Green has sustained his claims, and has shown up the shameless villifier and traducer in the boldest manner. The point at issue was not that the applications of nitrate of silver to the throat was a novel mode of treatment, but that Prof. Trousseau had preceded Dr. Green in introducing the sponge-armed probang *into the larynx and trachea*. Any one who has read Profs. Trousseau and Belloc's work on Laryngeal Phthisis will readily perceive the difference. Prof. Trousseau never carried the instrument *within* the larynx, but introducing it into the throat behind the epiglottis, pressed on the epiglottis with the instrument, at the same time drawing it forward, by which means a few drops were pressed from the sponge which trickled into the larynx. Whoever, too, has heard Prof. Trousseau lecture upon croup during the last three or four years, will distinctly remember the forcible language with which he has always mentioned the mode of introducing an instrument into the larynx and trachea as *proposed by an American*. The question of priority does not admit of a doubt, but there are always some envious ones who can never see a useful innovation into the old established forms, without first denying its usefulness, then its practicability, and when these are established beyond a cavil, they cannot allow its author to enjoy the reputation of

a discoverer, but must themselves *invent* some means to bestow the honor upon another. How much nobler and more beneficial would it prove, both to the profession and to the world, if they would exert the same powers of mind and an equal degree of perseverance in the legitimate paths of professional duty.

Dr Sims, formerly of Montgomery, Ala., now of this city, and well known throughout the United States for his remarkably successful treatment of vesico-vaginal fistula, has proposed a plan of a great hospital, to be located in this city, and to be especially devoted to diseases peculiar to women. One portion of it will be a lying-in hospital, while another will be given to those suffering from the accidents of parturition. The plan is not fully developed, but it is proposed to make it as near as possible upon the same basis as the great Parisian hospitals. Dr. Sims has presented his views to the profession and the laity in a public lecture, and was greeted by the cordial approbation of all those who heard him. A committee was appointed to elaborate and further his views, and if the interest should not flag, we will soon present a hospital to the world worthy of our city.

CHARITY HOSPITAL.

The wards of this institution still continue to be comparatively empty. There has not been for a number of years a period when so little disease of any kind was to be found in the hospital. As yet, no cases of yellow fever, or anything similar to it, have been observed, and the cholera, which, at the issue of our last number seemed to be increasing, has almost entirely disappeared.

With the exception of one amputation, there has been no operation performed. The amputation was of the leg below the knee, and was rendered necessary by the supervention of hospital gangrene following Syme's operation.

Transfusion of blood was made in the case of a patient in collapse from cholera. He was purging and vomiting violently when he entered. This was checked by the administration of the dilute sulphuric acid mixture, but reaction did not take place. Transfusion of blood being determined on, (the temperature of the body in the axilla and groin being 70°,) the basilic vein of the patient was carefully dissected and exposed, a couple of ligatures being passed under it; at the same time blood was obtained from a nurse in the ward, the blood being received in a pitcher placed in hot water. A perfect hydrocele syringe was then filled, an opening made in the vein between the threads under it, and four ounces of blood injected. The pulse, from being imperceptible, rose considerably. A second injection with the same blood was attempted, but being partially coagulated, only a small quantity was introduced. The vein was then tied above and below the ligature. An hour afterwards, the patient being no better, and the second attempt at transfusion having been only partially successful, it was determined to have recourse to it again. Blood was obtained from another individual; the vein of the patient opened, a small canula with a stop cock introduced, the air exhausted by the mouth, and about four ounces of blood injected. This time, the effect was more perceptible; the pulse rose to sixty-five; remained at this point several minutes, but finally fell. A third introduction was then made to the amount of two ounces. The man died a few moments after this, and it was supposed with those symptoms usually observed in cases where air has been introduced into the circulation. A careful post mortem examination made as soon as possible after death did not furnish the usual appearances under these circumstances, such as frothy blood in the capillaries and cavities of the heart—appearances which we saw upon one occasion in the case of a patient operated on by Prof. Roux, of Paris, and at other times in animals upon which experiments had been performed for the discovery of the cause of death under these circumstances.

CHARITY HOSPITAL REPORTS—From June 13th to June 27th inclusive—

Admitted,	357
Discharged,	270
Died,	60
Births, 2; both females.	
Number of patients remaining in hospital,	437

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. JULY 15, 1854. NO. X.

THE expression, "newspaper lies," has grown to be proverbial, and while we firmly exact the liberty of the press, we strenuously condemn its licentiousness. A political censorship, such as exists in France and in other despotisms, is unreasonable and outrageous; but we are sometimes almost inclined to wish that in England and in this country, where the press is most free, some kind of moral censorship could be established. So long as a man speaks what he conscientiously believes to be true, no other man or set of men have a right to hinder him; but when he sets out to gross lying, and that too for pay, we think it is time to give him a check. If his falsehoods affected himself only, he should be answerable alone to his Maker and Judge; but if they affect the whole society, it seems unreasonable that some adequate punishment should not be provided by the society.

In political affairs, there is an innate patriotism, in religious matters there is a force of conscience, and in matters of general news, there is a fear of ridicule, which serve somewhat to keep the conductors of the press in the path of truth. But in things esteemed of less importance, many of the most influential of them may be bought openly to praise or to condemn things of which they know nothing. In other words, a portion of the press seems to be utterly corrupt, and speaks the truth, or lies, just as its interest prompts.

In nothing is this more strikingly the case than in medical affairs. It is bad enough that the quack and the vendor of quack medicines should have access to the papers with "cards" and advertisements; but this cannot, consistently with *freedom* of conscience and speech, be helped. So, as they will get their deserts some time or other, we do not complain, though it is a prostitution of public journals. We complain of the edi-

torial puffs which are paid for, but which seem to be the tributes of the editor's unbiassed judgment to superior skill or efficacy.

Who can tell how much money has been lost, how much exquisite pain has been suffered, how many deaths have been accelerated by vain attempts to have cancers cured by Cancer Doctors of editorial infallibility? Many a poor creature, feeling disease gradually encroaching upon his eye-sight, until the light was all, but a feeble ray, shut out, has heard of some Oculist of newspaper renown for infallibility, and has hastened to him with hope in his heart, and, accompanied by the prayers of his friends, willing to give or to suffer anything to regain fully his precious sight; has paid the Briber of the editor a large sum, suffered under his awkward hands intense agony, and has gone back home broken hearted, groping in total darkness—light and hope both gone forever. Many a victim has the Aurist paid the editor for, (as doctors pay body-snatchers,) and when he has had him in his clutches, has plundered him, and sent him away deafer than before.

These are only a few of the many evils resulting from the practice we complain of. What excuse can the Editor make? Upon him, as the pimp of quacks, must lie equal blame and more contempt.

Sometimes it is the quack himself who writes the articles and they are inserted as editorial matter. In such a case, the fact that he did not write the article does not clear the Editor. It appears as his, and he does not contradict it; the effect on the public is the same, and the maxim of law and morals is "*Qui tacet consentire videtur.*"

Observations upon the Nature and Treatment of Apoplexy:

By Warren Stone, M. D., *Professor of Surgery, University of La.*

It must have been observed by every physician in general practice that an unusual number of sudden deaths have occurred within the last year or two from nervous diseases. Convulsions in children, epilepsy, paralysis and apoplexy have been common, particularly the latter. There is a strong similarity in *many* respects in all these affections; they are without any fixed anatomical character, and are all owing to some peculiar diathesis, either hereditary or acquired, and some exciting cause, and all die from

interrupted respiration and engorgement of the brain and lungs. It is plain that this diathesis must exist or the local or exciting causes could not account for the severity of the symptons. The same may be said of tetanus. All the local or exciting causes that have ever been recorded fail to produce tetanus in most cases, and probably in all cases that are in perfect condition; and in a majority of cases the apparent cause is so trifling as to leave one in doubt if it is the real one. It has no doubt been observed that tetanus has its seasons, or, rather, that there is something beyond our knowledge of causes that renders tetanus common in one season and rare in another. I see no reason why the same rule should not apply to convulsions or apoplexy. What this peculiar diathesis is, it is difficult to demonstrate; but it is evidently a state of nervous debility or exhaustion, and the fluids — whether considered in quantity or distribution — play a secondary part. To be sure a clot is sometimes found upon the brain; but this is not apoplexy; it is compression, as much if a blood vessel gives away spontaneously as if caused by a blow. As apoplexy occurs in a large number of cases in those having large heads, short thick necks, and of a plethoric habit, the true nature of the disease is lost sight of, and nothing is thought of but compression of the brain from too much blood having suddenly rushed into it. I need not say that the skull forms a closed cavity which must be filled and can contain no more or less. If any foreign substance, such as blood out of the vessels or serum is admitted, it is done at the expense of the circulating fluid, and insensibility is the result to a greater or less degree, according to the amount thus displaced. Whatever may be said of serous and sanguineous apoplexy, they can never occur suddenly; and what I would term pure apoplexy, or apoplexy proper, is in its onset purely nervous, and the lesion of circulation is secondary. The heart and its valves and vessels leading to and from it, being healthy, the brain must receive its regular proportion of arterial blood at each pulsation, unless there occurs an obstruction to the return of the venous blood, for unless venous blood comes out, arterial blood cannot enter. Sudden insensibility is the first step in apoplexy, and as a consequence of the interrupted respiration the return of the venous blood is obstructed, and in proportion arterial blood is excluded, and thus the consequence is mistaken for the cause. Plethora may exist in the case of large head and short thick neck, and a fit of indigestion upon a gorged stomach may take place; but if the nervous energies are unimpaired there will be no apoplexy, although there may be great disturbance. There is no reason why blood should rush to

the head because it is large, and the neck short and thick, any more than if it were small and the neck long and slender. The large head and thick neck are indicative of certain animal propensities, and also of a certain vigor of frame that will permit the indulgence of them until the nervous system is brought to such a state of exhaustion that by taxing its energies to manage an overloaded stomach insensibility takes place. The small head and long neck denote a different constitution, which gives way in some of its parts before the apoplectic state is brought about; either the liver becomes indurated, or the stomach and bowels lose their tone in a majority of cases; but when these organs withstand a long continued indulgence in wine and women apoplexy will be brought about, notwithstanding the conformation. Who cannot call to mind instances of sudden death, by apoplexy, in perfect patterns of temperance and continence? But that kind of indulgence which brings this about is practiced in public bar-rooms; it is a steady but not excessive indulgence in the good things of this world, which does not show externally in those of the latter make, but it tells upon the brain as certainly as in those of the stout plethoric habit.

Apoplexy in the one is called sanguineous, and in the other serous. I wonder that somebody has not had the curiosity to find out how serum gets suddenly into the brain to the exclusion of blood. Why is it so difficult to conceive of sudden insensibility of the brain, as a disordered function, without the intervention of blood or water, when we see it so common in epilepsy, and in children with convulsions? Neither a flushed nor a pale countenance is always to be met with in the outset of these affections; but my experience is, that in general the countenance is more pallid immediately preceding the attack. I speak of convulsions in children and epilepsy, because we often witness the outset, whereas we rarely witness the beginning of apoplexy. A flushed face is no evidence of itself that the subject of it will bear the loss of blood; neither is the opposite, evidence of itself that the subject will bear it. We often meet with cases with flushed face where the nervous energies have been exhausted by over stimulation, and we have to stimulate judiciously, nourish with broths, and keep them in a horizontal posture, that the nutrient fluid may flow easily to and from the brain, and maintain innervation, or convulsions and insensibility may take place. This condition may be brought about in vigorous constitutions by a more rapid indulgence. I can call to mind several cases brought, by a few weeks of systematic indulgence,

(such as brandy, as freely as the system would bear without disturbing digestion, high seasoned food, as much as the stomach would bear, and indulgence with women to the full extent that such a state of unnatural excitement would permit,) to an apoplectic state, and the attacks were as sudden as epilepsy. One had just driven up to his hotel, late at night, from a debauch with his mistress, and fell upon the pavement when in the act of paying the cab-man. Sun stroke, (as it is commonly termed,) presents an analogous condition, and its true nature is as often misunderstood. One with healthy proportions of blood falling insensible under the enervating influence of great solar heat, with interrupted respiration, will present a flushed (or rather a livid) countenance; but I have seen the same degree of insensibility produced by the same cause in cases where the fluids were exhausted by disease, and the countenance was pale or sallow. Some forms of conjestive fever are analogous to sun stroke, and it is reasonable to suppose that miasmatic influence is combined with that of solar heat in the production of both, as these diseases are often developed after the direct action of the causes have ceased.

I commenced with apoplexy, and have adverted to analogous diseases with a view to illustrate my views of the nature of apoplexy, rather than to treat of them. Although the general pathological condition is the same in all cases, there is a variety of exciting causes, (which are equal to complications,) and will call for modifications in treatment when the disease is brought on by habitual high living. As the digestive powers begin to flag, premonitory symptoms begin to appear, which give ample warning, and the attack may be avoided by proper management. The prominent symptom is sleepiness, which, after a heavy meal, may degenerate into an apoplectic stupor. The preventative employed has generally been blood letting. I will not pretend to say that this means may not be used, (so far as immediate effects are concerned,) without harm, and even with benefit, if real plethora exists; but it is an improper remedy. There is a peculiar state of the stomach in these cases, which, independent of indigestible food, exercises a depressing influence on the brain, which blood letting does not relieve. Cathartics, or rather medicine that will excite the secretions of the stomach and bowels, act far better. A mere cathartic that only evacuates the bowels, affords comparatively but little relief; but give calomel, or what is better, if it is good, blue mass, in large doses, for six or eight hours, and then some gentle saline, and a copious secretion of, at first, dark green and then yellow acrid fluid will follow; and it is as-

tonishing the quantity of bile, brandy, wine, and gross acrid fluid will be found out that the lancet could never reach. A brisk cathartic may be necessary, but it takes time to bring about a free secretion from the mucous surface of the stomach and small intestines; but when we consider the immense surface the mucous membrane of these organs present, we can readily conceive that an immense depletion can be effected without violence to the organs, and then we abstract the gross acrid fluids and leave the appropriate nutrient fluid to stimulate the exhausted nervous energies. This principle may be finely illustrated in cases that have been drinking largely for a short time until their blood is poisoned by alcohol and they are bordering upon mania. Stimulants can no longer be borne; opium is at least dangerous and often fatal; blood letting is at least useless, if not injurious; but bring about copious secretion from the stomach and bowels by frequent small doses of calomel and salines, which seem to act on the principle of exosmose, and entire relief is afforded, and an opiate may be administered with safety, and probably with advantage. Having relieved the system, a proper course of living and remedies will almost certainly prevent any recurrence. A plain but nutritious diet, and such tonics as may be found appropriate to restore the tone of the stomach and the exhausted nervous energies.

Blood letting frequently repeated brings about a state of plethora that never is produced naturally. Bleeding piles will illustrate this better than any thing else, although they are looked upon by many as a God send, and we are strictly warned not to meddle with them. An attack of bleeding piles will frequently last two or three weeks, and if the digestion is good, and the patient a free liver, the patient by this time has formed the habit of forming blood enough for the use of the system, and to supply also their daily loss. The bleeding ceases, but before the habit is changed great plethora is produced. Those that we commonly call plethoric will seldom bear the loss of blood as well as the spare but robust. And real plethora rarely exists, unless it be brought about by the habit of forming blood to supply losses, which, like other habits, cannot be easily changed.

Cure the piles, diet the patient, give cathartics, if necessary, or rather manage your patient until the system has established the habit of forming only sufficient blood for its own use, and he will be much more safe against apoplexy than he will to depend upon this drain. One evil may sometimes prevent a worse one, but I could never see any advantage in piles.

If the subject of it is delicate, he is reduced and rendered liable to the inroads of any constitutional disease he may be exposed to; if he is robust, it creates plethora, and all the good that can possibly result from bleeding piles, the lancet or a few leeches will afford, and at the exact time when needed. If the subject is laboring under apoplexy, with stertorous breathing and a labored pulse, I do not pretend that blood letting may not be used with advantage, but care must be taken not to produce a sedative effect, or mischief will be done Apoplexy, like epilepsy and all functional disorders of the nervous system is disposed to be periodic, and the paroxysm is disposed to terminate of itself, if the immediate consequences can be warded off, such as interrupted respiration and the consequent engorgement of the lungs and obstruction to the return of venous blood from the brain. These consequences may be relieved perhaps in some cases of real plethora, but the pulse is often deceptive, and the patient being in a horizontal position, more blood is generally drawn, (even by moderate men,) than can be useful. The patient should be placed so as to favor the respiration, for the patient naturally falls into an unfavorable position, the tongue falls back into the throat, mucous accumulates in the fauces, etc. Perhaps the most favorable position is, with the shoulders slightly elevated and the head thrown a little backward. If it were possible to arouse the stomach to action and empty it of its contents, it would be the most efficient means of restoring sensibility, but in severe cases this is impossible. Croton oil can be applied to the tongue or throat, and the bowels acted upon by this means. Stimulating injections are of great service, even when bleeding may be deemed necessary. Carbonate of ammonia appears to me to stimulate the nervous system far more favorably than alcohol, especially when alcoholic or vinous stimulants have been freely used before; and the rectum absorbs as readily apparently as if nothing was the matter. Sinapisms to the trunk are of some service, not as revulsives, but as stimulants, as there is some sympathy between the external and internal surfaces. We, (I mean Americans generally,) are too apt to despise trifles; but there is a wide difference between the judicious use of several trifles and the injudicious use of one powerful agent, in the result. So eager are we to do something decisive, that we can hardly keep from bleeding a patient insensible from concussion. There is a disposition to do something potent in desperate cases, even if it is bad. What are the chances, if you do not operate, said an eager friend of the patient to a friend of mine who had refused to operate? None at all, sir,

was the reply. Then why not operate? Because it would abridge his life, and if my patients must die, I prefer to have them die a natural death. If we succeed in restoring sensibility, the management mentioned for those threatened with it, is proper. We know that the attack will recur, unless the habits which gave rise to it are changed. We can do much to restore the impaired energies, but the most judicious use of medicine will not preserve one from the effects of evil habits.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. X.

Secondary Syphilis.—Once the syphilitic diathesis established, certain affections of the skin and mucous membranes make their appearance. These early manifestations we have termed secondary syphilis. These symptoms, when no treatment has been followed, most generally show themselves between the sixth and eighth weeks—never before, rarely after. An observation of eight hundred cases of indurated chancre, which had followed no treatment, has shown me that in not a single instance did the third month appear without the occurrence of secondary symptoms. The earliest period at which they showed themselves was four weeks.

Although indurated chancre is the only precursory sign of constitutional syphilis, still there are certain symptoms which often warn an accustomed eye of the approaching attack. These symptoms are first observed in the physiognomy of the patient: the eyes become dim, the complexion sallow; the patient loses all bodily and mental vigor, becomes inactive and sad. The hair becomes dry, and loses its glossy appearance; giddiness and headache set in. These are evidences that the blood is affected. This I have placed beyond the possibility of a doubt by chemical experiments; for the analysis of the blood of a great number of patients has shown a great diminution in the quantity of globules. So much so, that a great many fall into a perfect state of chloro-anœmia. The cervical ganglia now

become enlarged. In young subjects, this symptom is most always present, but as the patients are more advanced in years, they become less frequent. These glands are situated at the back of a vertical line, falling from the posterior margin of the ear. The hand must be well practiced to recognize them. They present a very small volume, feel elastic, roll under the skin, are not painful, and never suppurate. After a little time, alopecia (falling of the hair) comes on. This symptom is announced by a dryness and stiffness of the hair; it falls at the least touch, and adheres in great quantities to the patient's night-cap. This falling is general all over the head, and in this respect differs from common baldness, which is always partial at first, and attacks only the vertex. This symptom has been looked upon by some authors as a sign of inveterate syphilis, and by patients as an effect of mercury; but how incorrect; for syphilis produces it, and mercury cures it. Wandering and fugaceous pains now generally make their appearance in different parts of the body, but more particularly in the supra-orbital region, in the sternum, in the neighborhood of joints, in the skull. These pains are never accompanied by a redness or swelling of the affected regions, but are intermittent, vague and erratic, sometimes nocturnal. They are more akin to rheumatic pains than any thing else, and they should never be confounded with the nocturnal pains which accompany periostitis and other tertiary symptoms. These last are always brought on by the heat of the bed, and are always excessively painful on pressure. Bakers and gay people who go to bed by day, have them on lying down. At times, these fugacious pains simulate hemicrania and facial neuralgia. I have seen the pains produce neuralgia of the fifth and seventh pairs of nerves, and consequent paralysis of the face, which I have always been able to cure by the administration of iodide of mercury. This paralysis may be the consequence of either secondary or tertiary symptoms. In this last form it is always produced by caries of the temporal bone. But, compared to its occurrence in secondary symptoms, this variety is rare. The paralysis is sometimes double, but generally single.

Sometimes secondary syphilis is ushered in with all the symptoms of an acute affection, such as tonsilitis or a cutaneous eruption. In the majority of cases, however, it is only accidentally that the patient observes any constitutional symptoms, and it is his physician who apprises him of the first symptoms of constitutional infection.

I will now call your attention to the syphilitic affections of the skin; and we call all cutaneous manifestations produced by the syphilitic virus *Syphilides.*

The whole surface of the skin may be covered with syphilitic eruptions, and this generally happens when they appear soon after the primary symptoms; whilst, when they appear later the eruption is less confluent and more limited to certain regions. The various cutaneous manifestations may appear at the same time, on the same individual, and all be produced by the samo chancre, though it is contrary to daily observation to admit that one variety of chancre produces a certain variety of cutaneous affection, and a second variety of chancre produces a different disease. If any observation has ever come to favor a coincidence between certain chancres and certain eruptions, these coincidences depend certainly more on the individual idiosyncrasies and hygienic conditions in which the patients were placed, than on a difference in the virus.

The syphilitic virus is susceptible of producing all the different forms of skin diseases; and these same affections may complicate syphilis, either during the primary or other forms, and still not be produced by it. This clinical fact being admitted, it is easily conceived how many errors must have been committed by the early writers on syphilis, and we are no longer surprised at the great confusion which exists in their classifications.

For the sake of precision, we divide the different syphilitic cutaneous manifestations into *exanthematous, papular, squammous, vesicular, pustular* and *tubercular,* and last an ulcerative variety, which is always the consequence of one of the above divisions. Denying, in the most peremptory manner, the existence of constitutional syphilis, without a primary sore, except when hereditary, where the transmission from mother to child is so easily explained, we cannot here admit the primary syphilides of some authors — *syphilides* are always preceded by chancres. The time of their appearance after the primary sore, may, as I have said before, vary, but syphilides never appeared without it. To divide, then, syphilides into primary and secondary, is an error which neither reason nor observation will justify.

Although syphilitic cutaneous manifestations are much more common in the adult, still neither age, sex or temperament exempts from them.

Women, lymphatic subjects, persons with broken constitutions, are probably oftener affected than others, but other pathological conditions, such as the results of imprudence in diet, privations brought on by poverty, violent exercises, moral emotions; the use of stimulants, both to the digestive organs and skin, high or a low temperature, may favor the development.

That mercury, when badly administered, can hasten the appearance of

certain *syphilides*, we readily admit, but that alone it produces them, we absolutely deny. *Syphilides* not only appear when no mercury has been used, but their appearance may be with perfect certainty predicted after an indurated chancre, whilst, when properly administered, mercury inevitably cures them.

Syphilitic eruptions present generally a coppery hue; but the value of this sign has been much exaggerated. For certainly sometimes syphilitic eruptions are ushered in with a bright red color, whilst other cutaneous affections, having no syphilitic taint, present copper-colored blotches, which have been considered a pathognomonic sign. No absolute reliance then can be placed in the color. In the secondary exanthematous eruptions which generally come on in the earlier period, there is as much redness as with the common exanthemata, and the redness or congestion readily disappears under the finger, whilst a little later an actual stain is produced, on which the finger makes no impression.

One of the most important characters of secondary eruptions is a total absence of pruritis, whereas itching is a very frequent symptom of the other kinds of eruptions. When, however, the syphilitic rash includes naturally pruriginous regions, as the anus, the genito-crural fold, the axilla, etc., there may be a good deal of itching, but the latter is then produced more by the irritative properties of the secretions than by the eruption itself. The eruptions may be said to be apyretic indolent, involving in a a very short time the whole body. They do not, as has been asserted, affect the face in preference to any other part, but they spread indiscriminately all over the frame. The smell which they emit has nothing specific in it; in fact, there is no smell at all, except when the suppuration is very abundant. I again repeat here, that there is nothing specific in either color, seat or smell.

You recollect, no doubt, what I have mentioned before, that secondary symptoms simulate sometime a primary sore. Nothing, in fact, resembles more an indurated chancre than an ulcerated mucous tubercle, seated on the thickness of the skin or mucous membrane, and particularly when placed on the generative organs.

You will find, generally, that secondary eruptions present rounded and well defined patches; but when they are annular they are more defined than in common eruptions. Secondary cutaneous manifestations have very little tendency to suppuration, unless the subject be constitutionally predisposed to pyogeny. The eruptions which do not suppurate will in fine

disappear altogether, and thus terminate by resolution or desquamation. The scales in these cases are less brilliant and thinner, they dry more quickly, fall off more frequently than in non-specific affections, and the crusts are not always thick, of a greenish or blackish hue.

The shape which secondary eruptions generally assume is altogether owing to the time at which they may make their appearance after the primary sore; to their duration; to the particular regions in which they may be located; to their relapses, and also to the influences which they may receive from a badly or properly directed treatment.

[*To be continued in following numbers.*]

Paraplegia,

RESULTING FROM CONCUSSION OF THE SPINAL CORD.

Treated by Dr. P. A. Lambert; *Reported by* L. O. Huard, *Medical Student.*

Last January, Miss J. L. aged 19 years, a native of this city, nervous temperament, was seized with a violent involuntary trembling of the inferior extremities, which was the result of a sudden fright. The young lady was of a gay disposition and had almost invariably enjoyed perfect health. At the time of the invasion of the disease she had been menstruating for two days. A remarkable circumstance in this case was the fact that the muscles of the left side of the face were violently affected, causing the most horrible contortion of visage; moreover, for several days the disease seemed to take the form of chorea, accompanied with hysterical symptoms, the patient laughing or weeping without any visible cause. The symptoms of chorea finally became sufficiently well marked to render a diagnosis easy, at least two physicians were of this opinion. It is necessary to say that at the time of her fright the young lady was standing up; on being frightened her legs flexed and she fell in a sitting posture, and was unable to rise until assisted. The application of the galvanic battery, cold baths and preparations of iron, valerian and musk, were successively employed without success. The ordinary emmenagogues were also administered with a view to bring on the menstrual flow which had suddenly stopped. The attempt was unsuccessful.

Dr. Lambert saw the patient for the first time on the fifteenth day of

her disease. The contortions of the muscles of the face at this period no longer existed, and the trembling of the muscles of the inferior extremities was little marked, but the patient was unable to walk or even stand up without the aid of an assistant; her digestion was bad, and she was troubled with cephalalgia, accompanied with dull pains along the course of the spinal cord. These circumstances induced the physician to believe that the affection was paraplegia of the inferior extremities, consequent upon a concussion of the spinal cord. This diagnosis being made it was thought necessary to use an excitant of the muscular system appropriate to the case; the rhus radicans in powder, was prescribed in the following doses: five grains the first day, increasing the dose five grains per day until one drachm per day was used. Two drachms sufficed to effect a cure, and at the present time the patient is perfectly well. Under the influence of this remedy the digestive functions were not at all injured; on the contrary, they became more active. The menstrual flow reappeared.

The above case tends to prove the efficacy of the rhus radicans, a medicine, which in this country is unfortunately but little used, notwithstanding that it numbers among its advocates such men as Bretonneau of Tours, Trousseau, Pidoux and Anderson.

Excerpta.

On the Treatment of the Precursory Symptoms of Cholera by the use of Acids.—The employment of acids in the treatment of diarrhœa is not a new thing; and in the most ancient authors the vegetable acids, such as the acetic and nitric, form a part of the prescriptions for the relief of intestinal derangements; but the introduction of acids into the treatment of cholera particularly, seems to date from 1832, and took place for the first time in Germany. Mr. Herapath published, in 1851, the analysis of a secret remedy used, it would seem, with great success in 1832 and 1849, in several provinces of Austria, by order of the Government, and which consisted of sulphuric and nitric acids in the following proportions:

Sulphuric Acid,	19 grs.
Nitric Acid,	12 grs.
Water,	1 oz.

A desertspoonful of which mixture was given every half hour in four or five spoonfuls of water.

It was in 1851 that several English physicians, M. M. Griffith, Smith and Hunt, made known the treatment of diarrhœa by the dilute sulphuric acid. Above all

others, M. Fuller, physician to St. George's Hospital, has lately most strenuously recommended the use of this acid in the treatment of the prodromina of cholera.

He says: "Nothing can be more remarkable than the effects of this remedy. Sometimes after a second dose, most frequently after a third, and nearly always after a fourth, a pleasant sensation of heat is felt about the epigastrium. The extremities soon become warmer, nausea and vomiting if there have been any are suspended; the evacuations cease, the cramps disappear, and the face assumes its natural aspect. Most generally, an abundant perspiration ensues, and the patient sinks into a renovating slumber. On awaking, a sensation of weakness alone is felt; in the other symptoms an analogous improvement takes place; the tongue becomes clean and moist; the stools assume a more natural color, and are attended with an abundant flux of bilious matter; the pulse resumes its force and normal character." I have at hand, adds M. Fuller, notes of more than ninety cases in which I have used this acid with success. As to its mode of administration, it is very simple: M. Fuller gives every twenty minutes, and even oftener, if the symptoms be severe, a half a drachm of sulphuric acid, diluted in a sufficient quantity of water.

The sulphuric acid has been recommended more recently by Mr. Sproston, who seems to have treated thus, without failing in a single instance, more than one hundred and fifty cases of diarrhœa, principally in children, many of which cases were of extreme gravity, attended with super-purgation, colapsus, blue coloration of the skin, coldness of the extremities, etc. This physician gives the following mixture:

Acid Sulphuric dilut,	℥ij.
Syrupi Simplicis,	℥iij.
Liq. Ammoniæ Acetat,	℥iij.
Aquæ Menthæ Pip,	℥vss. ℳ.

Two tablespoonsful of this is given after every evacuation.

Finally, a few weeks since, a distinguished physician of the departments, M. Le Petit, Surgeon to the Hotel Dieu de Poiticrs, has published in the Gazette des Hôpitaux, the results of his practice relative to the employment of the dilute sulphuric acid in diarrhœa, cholerine, and even cholera morbus. According to this physician, the acid given alone will most frequently check passive diarrhœa in from two to eight days; in cholerine and sporadic cholera, the dilute sulphuric acid will check the vomiting after the sixth dose. The cramps may last during a space of twelve hours, and the cold stage may be long, but by combining the use of salt baths, with the use of the acid, the cramps disappeared in four minutes, and the vomiting ceased after the fourth spoonful. According to M. Le Petit, the dose of the sulphuric acid given by the English physicians is too small, and five drachms of the acid, he thinks, diluted with eight ounces of water, may be made use of. This physician gives to children, according to their age, from a half a drachm to three drachms of the dilute sulphuric acid in from four to eight ounces of water, sweetened with sugar; the dose of which is a desertspoonful every two hours. For the adult, a mixture is used containing from three to five drachms of the dilute sulphuric acid, diluted with eight ounces of water; two tablespoonsful every two hours. But it is not sulphuric acid alone which has been recommended in the prodromina of cholera. The nitric and nitrous acids have found partisans. Thus, M. Mahoney prescribes the following formula:

Acid Nitric dilut,	℥ij.
Mist. Camphoræ,	℥viij.
Tinct. Opii.,	℥j. ℳ.

Two tablespoonsful every three hours.

Mr. Whiteman prefers, on the contrary, the nitrous acid, which he prescribes as follows: Nitrous acid from ℥ss. to ℥i. with distilled aromatic water from four to six ounces. The acid is given in a greater or less quantity, according to the gravity of the symptoms, and in some cases Mr. Whiteman adds forty drops of the tincture of opium. For the adult, a quarter of this mixture is given every

two, three or four hours in a cup of light gruel. If the first dose be vomited, the second is given ten minutes afterwards.

Finally, several physicians have proposed a mixture of these acids. Thus, Mr. Anderson has recommended the following formula, which resembles somewhat the Austrian remedy:

Acid Sulphur dilut,	℥iv.
Acid Nitric	℥j.
Fluid,	℥vj. ℳ.

Two tablespoonsful every hour in a cup of fluid.

M. Tucker uses the nitric and hydrochloric acids in the following manner:

Acid Hydrochloric dilut, } *aa*	℥i.
Acid Nitric, }	
Tinct. Cardamom,	℥iv.
Infus. Gentianæ,	℥vj. ℳ.

One-fourth of which is administered three times daily.

M. Tucker recommends this mixture in those cases where obstinate diarrhœa persists after the termination of cholera.

Such universal praise as is given by those who have used the acid treatment in diseases of the nature spoken of, has led us to give it a fair trial, the results of which induce us to recommend it.—*Bulletin de Thérapeutiques.*

Is Cholera Contagious?—The special direct evidence alleged in favor of the contagious nature of cholera, consists of three classes of facts. The first is, that in a vast majority of the instances in which the introduction of the disease into a town, or smaller community, has been traced to human intercourse, the seeming vehicle of the infection has been a person or persons actually infected with the disease. The second is, that persons who have washed or handled the clothes, linen or bedding of cholera patients, have frequently themselves become affected. The third class of facts is constituted by the attacks of the disease experienced by nurses and other attendants of the sick. The evidence of the first kind is clearly not conclusive. With regard to the second, our information, when analyzed, is found to afford very scanty evidence of a satisfactory kind, in favor of the theory of contagion. With regard to the third, it is conceded that there are instances recorded of the seeming communication of the disease, more readily explicable by the theory of contagion than on any other principle. But we have no evidence that is conclusive. The question, whether contagion is an occasional cause of the propagation of the disease is therefore left in doubt. It may be that more extended observation will prove that all the above classes of facts are usually due to a contagious property of the disease; but even then the evidence will show that the human body forms one nidus for the reproduction of the poison; that contagion bears a small part in the propagation of the epidemic; that comparatively few persons are susceptible of its influence, and that by proper sanitary precautions it may be almost entirely disarmed of its power.—*Dr. Baly's Report on Cholera.*

Deficiency of Medical Officers at the Seat of War.—At Rustchuk, Kalafat, and the other stations on the Danube, there is a great deficiency of medical officers, whose services are, unfortunately, much wanted at present, and from accounts lately received from Widdin, the treatment of the sick seems to be very bad. When a man belonging to the Kalafat garrison falls sick, his disease, instead of being properly treated at the commencement, is allowed to go on till the unhappy patient is too ill to perform his duty; he has then to cross the Danube to Widdin before he can reach the hospital, and it is no uncommon thing to see a corpse taken from the cart that has brought the sick man up from the boat. The hospitals are very comfortable, and seem to be well arranged, and Omar Pasha has done all in his power, by frequent representations to the Porte, to provide them with a proper medical staff.—*Lancet.*

New General Hospital in Paris.—The new hospital in the northern part of Paris will shortly be ready for the reception of the sick. It will be remembered that this hospital was begun in 1845, on an estimated cost of £104,000. In 1849, Madame de Lariboissière left £80,000 for the completion of the building; and the hospital, after having borne the names of Louis Philippe, of the Republic, and of Northern Hospital, will now be called after the generous donor, "Lariboissière Hospital." It is composed of five wings quite separate from each other, and looking east and west.—*Lancet.*

Death of M. Roux.—The Nestor of French surgeons, and one of the most distinguished who in modern times have shed lustre on our profession, has died at Paris, at the age of seventy-four. M. Roux has been removed from the field of his labors whilst actively engaged in the numerous duties which his official appointment imposed upon him, in the fulness of an active professional life, in the midst of important literary undertakings, and while punctually attending to his wards at the Hotel Dieu, as he had done for the last quarter of a century, was the great surgeon called from the busy scene, deeply regretted by all who had the good fortune of knowing him.

We shall not attempt to give now a sketch of M. Roux's career; we leave this for a future period, and shall merely state that no man, perhaps, won so many friends and well-wishers as the departed surgeon, as he was of the kindest and most amiable disposition, and always ready to help and assist his professional brethren.—*Lancet.*

Ovarian Cyst—*Iodine Injection.*—Mr. Duplay, physician to the Hôpital des Incurables, has lately published in the *Archives Générale de Médecine*, a new case of ovarian cyst, successfully treated by iodine injections, in a woman of sixty. From this cyst was drawn sixteen and a half pints of a clear yellowish fluid. Afterwards an injection was made of one half pint of the following liquid: water, 100 parts; alcohol, 50 parts; iodine, 10 parts; iodide of potash, 5 parts. The larger quantity of this was afterwards evacuated with a canula. The patient experienced scarcely any pain. The operation dated from a year; the cyst had not filled again. The patient wore an abdominal bandage, by way of precaution.—*Bulletin de Thérapeutique Med. Chirg.*

Pathology of Cholera.—Some authors have referred the morbid changes to a *catarrhal condition*, others have regarded the disease as a form of *serous hæmorrhage*, and the Berlin pathologists, whose attention was particularly arrested by the occurrence of morphous granular fibrin in and upon the affected surface of the mucous membrane designate it a *destructive diptheritic inflammation.* We believe that for the present, such generalizations, however plausible, are of little value, and that we arrest inquiry by their adoption. The depression of the capillary power—the extreme exhaustion of the great ganglionic nerves centres in the abdomen—the passive character of the lesions of the mucous membrane—its normal action being reversed to a fatal exosmosis—are peculiar to cholera, and give it an individuality which forbids our merging it for the present in any general category.—*Dr. Gull's Report on Cholera.*

Influence of Mind on Disease.—It would seem as if the study of certain diseases sometimes favored their real or imaginary development. Laennec died of phthisis, and Corvisart of disease of the heart. When the celebrated professor, Frank, was preparing his lectures at Pavia, on diseases of the heart, his own heart became so much disturbed that he was obliged to rest for a time. Rumor says that no less than five of the professors in one of the medical colleges of this city have unjustly suspected their hearts. Medical students, exhausted by a winter session, are apt to be special subjects of real or fancied irregularity of the heart. A young friend attending our lectures last winter, on diseases of the chest, felt an unusual knocking of his heart after ascending the long college stairs, and required several examinations to satisfy him that there was no disease.—*Dr. Corson on Affections of the Heart.*

Physiological Society.—Dr. Snow read a paper on the production of local anæsthesia. He said that the only means they as yet possessed of causing complete local anæsthesia was that of applying cold, as recommended by Dr. James Arnott. When a piece of folded lint, wetted with chloroform, was applied to the skin, and covered with oiled silk, or any other impermeable material, it caused redness of the part, and a sensation similar to that caused by a mustard poultice. In about half an hour there were numbness and a diminution of sensibility, so that pricking with a needle caused less pain than at other times; but he had not been able to produce complete anæsthesia, either with this or any other medicine applied to the sound skin. The reason of this was the very slow and sparing manner in which fluids permeated the cuticle, and the circumstance that the small quantity which did permeate the cuticle was afterwards carried away from the part in the circulating blood. When denuded of cuticle by a blister, or any other means, the skin was readily made insensible, even by the vapor of chloroform, so that the raw surface might be rubbed without causing pain. The insensibility caused by the application of a mixture of pounded ice and salt extended only to a very slight depth, as he had ascertained in the following way: He had congealed part of the palmer surface of the hand and fingers, making a space of two inches square quite hard and insensible, when, on examining the skin which connects the roots of the fingers on the dorsal surface, he found it quite sensible to pricking, even when separated from the palmer surface by a thickness of only the tenth of an inch. The application of ice and salt caused great pain, and the pain was still greater as the sensibility returned in the part, which remained tender for upwards of twenty-four hours. He, therefore, considered this application hardly suited, even for operations confined to the skin, except in cases where the surgeon or patient had an objection to the inhalation of chloroform. The French had lately introduced a plan of refrigeration by dropping ether on the part, and increasing the evaporation by a current of air from a bellows. Some minor operations had been performed in Paris with scarcely any pain, when this process had been applied, and he, (Dr. S.,) had tried it on a patient of Mr. Ure, in St. Mary's Hospital, with an ulcer of the leg, the callous edges of which it was desirable to divide. The incisions on that edge of the ulcer where the ether had chiefly been applied were not felt at all, and the others caused very little pain. This process was attended with less pain than the application of ice and salt, and probably might be much improved in efficacy.

Mr. Richardson had succeeded in producing local anæsthesia by placing folds of cloth over an ulcer, with an opening in them; over this he placed a piece of lint saturated with chloroform. The whole was enveloped in oil silk covering, and insensibility in the part exposed to the chloroform was the result.

Dr. Crisp had seen Dr. Simpson perform some experiments with chloroform in 1848. The hand was found to become numbed when placed in a jug containing the agent, although the liquid was not touched. When certain portions of a worm were touched by chloroform, they became paralyzed. There was one curious circumstance about chloroform, viz: nineteen out of twenty persons might take it with impunity, whilst the twentieth, though apparently healthy, might die. The same fact held good with respect to cats, the influence being upon the heart, and dependant upon some peculiarity of constitution.

Mr. Potts mentioned a case of severe rheumatism which had been treated with complete success by the application of cold, as recommended by Dr. Arnott. In this case the cold was applied for the space of five minutes, and the patient did not complain of pain.

Dr. O'Connor had succeeded in producing local anæsthesia on ulcerated surfaces by saturating folds of linen with chloroform, and placing them over the part.

Dr. Gibbs said that strong extract of tobacco, when applied locally, acted in some cases as an anæsthetic.

Dr. Snow stated in reply, that he quite agreed with Dr. Crisp, that the animals which died suddenly, during the exhibition of chloroform, died from the action of that agent on the heart, and this was true also in the cases of patients who had died from chloroform; he could not agree, however, that such accidents were unaccountable, or depended on difference of constitution. In numerous experiments

he had performed on animals, he had invariably found, that when the air they breathed contained more than five per cent. of vapor of chloroform, death took place very gradually, the breathing became embarrassed before it ceased, and when it had stopped, the heart continued to beat for a minute or two. During this interval the animals often gave a gasp, and recovered spontaneously, and they could always be easily recovered by artificial respiration. On the other hand, when animals were made to breathe air containing eight or ten per cent. of the vapor, they died suddenly, death commencing at the heart. He could kill animals in this way at pleasure, by making them breath air charged with ten per cent. of vapor of chloroform. In performing physiological experiments on animals, where it was necessary to apply the chloroform on a sponge or towel, accidents might be avoided by first mixing the chloroform with two parts by measure of rectified spirit, after which it could not give off more than about five per cent. of vapor. As regarded the accidents from chloroform to the human subject, he was satisfied that none of them had happened from mistaking the symptoms, and going on too long with the inhalation. The history of every case showed that the heart had suddenly ceased to beat. If too much vapor of chloroform was taken into the lungs at any one moment, it might so change the blood passing through these organs at the time as to paralyze the heart at once by its local action on that organ. The first consideration in giving chloroform, therefore, was to take care that the vapor should be largely diluted with air; in fact, that the vapor should never exceed five per cent. of the air the patient was breathing, and then sudden accidents could not take place.—*Lancet.*

Value of Chloroform.—The experience of every day furnishes us with additional illustrations of the remedial powers of chloroform when administered internally in the treatment of various diseases. I have myself seen the most marked benefit arise from chloroform thus employed in cases of acute facial neuralgia, of tetanus, of colic, and of delirium tremens. As a sedative in cardiac affections I have likewise, under certain circumstances, found it beneficial, and of its occasional utility as an anodyne in fever we have an illustration in the communication of Dr. Gadon, contained in the first number of this journal. Three cases of delirium tremens, lately under my observation, are being briefly noticed, in which the power of chloroform in controlling the disease is strikingly illustrated. In one case two, and in another three, drachms of this agent, administered in half-drachm doses at short intervals, were sufficient to subdue the functional excitement of the nervous system, and to induce sleep. In the third case three drachms were given in drachm doses at intervals of an hour.—*Dublin Hospital Gazette.*

Is Bleeding ever Dangerous in Apoplexy?—A year ago we published in our journal a few curious facts, collected by M. Ausaguel, which seemed to answer this question affirmatively. The *Journal des Connaissances Medico-Chirugicale* publishes other observations by MM. Demarquay and Voillot which are equally well worthy of the consideration of practitioners.

M. Voillot begins by seeking an explanation of the cause of the good or bad effects of bleeding; but inasmuch as that which he has found is purely hypothetical, and from the fact that he lays but little stress upon it, we will not stay to examine it

"However it may be," he adds, "it suffices to say that observation has demonstrated, that accidents may take place after bleeding and that we should make use of the greatest circumspection before resorting to it. We have frequently seen accidents, and we can say, without seeking far back in our experience, that even lately, we have had before our eyes a case of this nature.

"M. J. *ætat* 66 years, of a sanguine temperament, was suddenly affected with difficulty of speech. When we were called, he was up and walking in his room; we immediately made preparations to bleed him; scarcely had the vein been closed when he was attacked with hemiplegia of the left side and complete abolition of speech. Since this time, a lapse of several years has taken place, and notwithstanding the use of the Bourbonne waters and other means, the hemiplegia is

almost as complete as it was at the onset of the attack. He drags his legs as he walks, and can only pronounce one single monosyllable.

"In connection with this fact, we may mention two persons in whom the disease is more recent, dating from the present year. These two persons, of an apoplectic temperament and of a similar age to the persons mentioned above, were suddenly attacked with difficult articulation and hemiplegia, also of the left side. Neither one of them were bled in any way. The first, who is a woman, had nearly recovered after a lapse of fifteen days, being able to walk and speak without difficulty. The arm, however, remains paralyzed. With regard to the other patient, although the improvement was not so well marked, he has nevertheless recovered the use of the power of speech, as well as that of his leg, although this remains somewhat stiff in walking; but the arm remains in a paralytic condition.

"What would have been the result of bleeding in these two cases? Are we warranted in believing that we should have restored the complete use of the paralyzed muscles, which is extremely rare whether we bleed or not? We think rather, that it would have been not only useless, but even tending to lessen the chances of even the incomplete amelioration which they obtained. Must we, from the foregoing, always abstain from bleeding under like circumstances? We are not so positive in our opinion, for we think that we sometimes have had reason to congratulate ourselves for having bled.

"Recently a person seventy-two years of age, of a sanguine temperament, was suddenly taken with stammering, twisting of the mouth, and deviation of the tongue. We were called to him in the night and bled him profusely; three days afterwards the symptoms had disappeared and the patient had recovered his habitual state of health. We must say, however, that after bleeding we prescribed infusion of arnica, a purgative, and a blister to the nucha.

"Should we attribute to bleeding all the honor of the cure? It is a difficult question to resolve; all that we can affirm is that it was not hurtful, as it has been in cases entirely like this. So far, we lack definite indications; for, granting that in any case presented to us there are symptoms of apoplexy, or of a commencement of paralysis, we are not certain whether bleeding will not produce an effect altogether contrary to that which we wish to prevent, or at least that it will not be an obstacle to an amelioration which may take place without it.

"It is without doubt this uncertainty which has caused practitioners to proscribe bleeding altogether. As for us, we think it should be abstained from, when the patient has passed his sixtieth year, when paralysis is most frequent, when his manner of walking is slow and heavy, when there is the presumption of the softening of the brain, and, in a word, when he has progressed slowly towards paralysis. In this case, we prefer to prescribe stimulants to the circulation, especially arnica, drastic purgatives and blisters, either to the neck or to the paralyzed members.

"We will say in conclusion, that in apoplexy bleeding is of doubtful utility, and that one cannot say, in any given case, that whether or not it will not be hurtful."

M. Demarquay does not theorize; he confines himself to a simple report of the two following cases:

Case I. A woman aged eighty-five years, and in the enjoyment of tolerable health, in endeavoring to rise one morning, discovered that there was a difficulty in moving the arm and leg of the right side. She also discovered that she experienced a difficulty in articulation. Called to the presence of this woman, thin and enfeebled by age, I thought it my duty to free myself from the vulgar prejudice against bleeding in every case of apoplexy. I paid attention to the little vitality that remained in this poor woman, and simply prescribed frictions of camphorated alcohol to her limbs, and a potion with 20 grains of iodide of potassium to be taken by tablespoonful every hour, (4 ounces of liquid.)

"This old patient did not manifest at first any reaction; her pulse was almost normal; her skin of the ordinary temperature, and nothing but a general atony was perceptible. A few days afterwards, an improvement took place; being assisted, she could walk; she had some little appetite remaining, and I was en-

abled to nourish her with light soups; in short, at the end of a fortnight she was able to walk alone and make use of her arm, which was only slightly numbed. The twentieth day, she was found stupid, immovable in her bed, and replying to questions with difficulty. Upon an examination, I found her in the same state, with, moreover, heat of the skin. I prescribed sinapisms to the malleoli, and she was directed to take from time to time diluted claret. She seemed to be much benefited by this treatment; for, to my great surprise, I found her two days afterwards much better. This improvement continued. Six weeks after the commencement of her illness, she was in a much improved condition. She eat and digested well; her limbs were free, and the faculty of speech restored. At this moment a year from the date of her illness, she is perfectly well.

Case II. A woman aged seventy-two years, thin and meagre constitution, was seized suddenly with numbness in the arm and leg of the right side. This augmented so much that she was no longer able to walk or use her arm. Called to her; I found her seated upon a chair, her body leant to the left side; she related to me the history of her case, with not at all impeded utterance, and called my attention to her two paralyzed limbs. Her tongue had not at all deviated from the natural position, and her pulse was normal. At the solicitation of her friends, and without any precise indication, I was induced to abstract a tolerable large quantity of blood, which I repeated four hours afterwards. The next morning her symptoms were considerably aggravated. I found her stretched out, stupid, tongue deviating towards the right side, articulation much embarrassed, and her two limbs entirely useless. She made me understand that her respiration was impeded by mucus.

Not daring to have recourse again to bleeding, the utility of which appeared undoubtful, I made use of tartrate of antimony in large doses, (2 grains of the salt and 4 ounces of water—a tablespoonful every hour.) At the second dose, the patient vomited and purged, but soon afterwards tolerance was established, and a marked improvement took place. This woman, who in fact scarcely replied to me at all, who seemed indifferent to every thing that surrounded her, and who was absorbed in drowsiness, was, at the end of twenty-four hours wide awake, conversed easily, and had recovered her natural physiognomy, with the exception of a slight twisting of the mouth. This amelioration continued, and to-day, a year having elapsed, she has only to regret the paralysis of one arm.

It is not rare, adds the author, to meet in practice proofs of the impropriety of bleeding in the beginning of apoplexy.—*Revue Medico Chirurgicale.*

Pneumonia in the Infant—Its Treatment.—*By M. Natalis Guillot, Physician to the Hôpital Necker.*—M. Guillot has charge of wards for children in the Necker Hospital, and not long since, on the occasion of the admission of several cases of pneumonia, he made some remarks concerning the disease, which we think of sufficient importance to insert here.

In relation to the symptoms, the only physical signs of pneumonia is the crepitant *râle* first indicated by Laennec; the dilatations of the nostrils, the elevation of the abdomen, the cough, the cry, enlargement of the veins of the neck, the heat of the skin, acceleration of the pulse, are only indications of the disease. The only difficulty is the recognition of the *râle.* In order to discover this, the infant should be stripped of its clothes and ausculted at every point. But it frequently happens that the accumulation of mucous in the bronchi gives origin to mucous ronchus, which conceals the crepitant *râle.* It is therefore necessary to disembarrass the bronchi by means of an emetic. This precaution being taken, the ear is applied to the chest, and investigation is commenced with the greatest care, inasmuch as in the very young infant the pulmonary inflammation occupies only one or two lobules of one lung. It is necessary also to remember that the child, instead of making from twenty to twenty-five respirations per minute, respires only ten or twelve times, a fact which obliges the physicians to make use of more than ordinary care in order to discover the significative symptom of pulmonary engorgement.

M. Guillot considers the crepitant *râle* as a capital symptom in pneumonia, as in infants this disease rarely passes the first stage. When bronchial respiration or

dullness occurs there is reason to suspect the existanec of pleurisy or tubercles. These last are generally difficult to recognize in the absolute absence of cough or expectorations, and with regard to gurgling, an error is exceedingly liable to be made, inasmuch as the mucous *râle*, which is produced in the larger bronchi, may simulate the cavernous *râle*. From this fact, the necessity will be seen in those children who seem to be tuberculous of first clearing out the bronchi by means of an emetic.

An instance: M. Guillot being called to see a child who was suspected to be tuberculous on account of gurgling which was present; after having examined the parents of the child, who were perfectly healthy, abandoned the idea of tubercular disease, and administered an emetic. The gurgling disappeared immediately, and the bronchi being disengaged, the crepitant *râle* was recognized, the patient treated for pneumonia and cured. Similar facts, which may be daily observed, says M. Guillot, show to what extent the accumulation of mucous in the bronchi may render a diagnosis difficult.

In investigating the crepitaut *râle*, in order to fix the diagnosis, M. Guillot insists upon the necessity of discovering the condition of the parents, in order that a correct prognosis may be made.

The pneumonia of infants is only grave when the condition of the parent is bad. In a child born of healthy parents, there is every hope for a cure; in the contrary case, there will be much difficulty in curing. It is, therefore, necessary to distinguish between healthy and diseased races, thus imitating veterinarians, who know well, according to the race, what will be the effects of remedies on its progeny.

It is this consideration which should govern us in the treatment of the child. Contrary to that which takes place in the adult, a proper appreciation of the general condition is of the greatest importance, in order properly to appreciate the curative agents which are applicable in this disease. If, taking as a starting point its inflammatory nature, you prescribe an antiphlogistic regimen, the treatment will not succeed so well with the enfeebled child as with the robust. Nevertheless, M. Guillot admits the propriety of blood letting in these cases; or rather not the emission of blood, but its displacement. Instead of making scarifications, he makes use only of dry cups. When the case is that of an infant of healthy parentagę, the circulatory system should be acted upon energetically, as in theso cases the emission of blood produces an effect as salutary as in the adult, and no evil results follow, where it is practiced in a moderate degree.

For the last five or six years M. Guillot has substituted the use of cups for leeches. Venesection appeared in the immense majority of cases, even in the most robust subjects, to be attended with insurmountable obstacles. It is but seldom that it can be practiced before the age of four years. Can it be replaced by leeches? This is an important question. The means would be assuredly excellent if it were possible to limit the use and calculate in advance the precise amount of blood that would be lost. But this is not the case. M. Guillot has seen three children die from leech bites after the application of leeches in the course of the jugular vein. In cases less grave than this the patients will be found devoid of color, anæmic, and reduced, from a morbid condition, which is sometimes simple, to a most deplorable state of general feebleuess. Therefore, as we have said, M. Guillot has completely abandoned the use of leeches for that of cups, which are, according to him, of immense advantage. Thus, for example, by means of the scarificator a quautity of blood can always be extracted within about two drachms of the amount proposed, and, moreover, without the necessity of soiling the linen of the infant and without exposing it to the chances of taking cold.

Cups are, moreover, useful as revulsives, but he prefers to produce this effect with rubefacients which render good service in most of these cases. M. Guillot rarely uses blisters in the wards of the hospital, for fear of the diptheritic inflammation which may take place upon the surfaee denuded of the cuticle; moreover, blisters are apt to bleed or dry quickly, they are then useless, troublesome, painful, and in fine, do more harm than good.

The next remedial agents in order are the antimonials. These medicines have, according to some, a specific action; others accord to them only the property of aeting as an emetic. It is only in regard to their emetie effeets that M. Guillot employed

them, and he does not fear to administer them in tolerable large doses. The mixture generally prescribed in his wards in the outset of pneumonia is composed as follows:

Antim et Potass Tart.,	gr. ij.
Pulv. Ipecac,	℈j.
Aquæ,	℥iv. ℳ

Tablespoonful every quarter of an hour.

In smaller doses this medicine seems rather to purge than to vomit. This system of treatment is pursued until the bronchi become completely disembarrassed of any mucous which may have obstructed them. This result being obtained the medicine is suspended; but if the same indication occurs during the course of the pneumonia it is again resorted to. As regards the principal remedy of pulmonary phlegmasia it is undoubtedly scarified cups applied to a point corresponding to the crepitant *râle*. M. Guillot has recourse to them for several days following each other in such a manner as to abstract each time two ounces. Next to this the most valuable auxiliary to the antiphlogistics is a strict diet. Few mothers understand this, and nevertheless it is a plan of cure in the infant as powerful as it is in the adult; and the child, notwithstanding what may be said to the contrary, supports a strict diet better than those at a more advanced age. We must not then fear to prohibit nursing for several days and to advise as rigorous an abstinence as if the disease were enteritis. The disease will most certainly sooner arrive at a happy termination.— *Revue Medico Chirurgicale.*

Incision and Cauterization of Cysts of the Eye Lids.—There have been many operations highly extolled for the removal of cysts situated in the thickness of the lids. Extirpation, in spite of the ability of the surgeon, may expose him to the risks of perforating the lids or wounding the tarsal cartilage; moreover several instruments are necessary to fix the lid, or prevent the eye from being wounded.

M. Velpeau, considering that in fifty of the cysts, from forty-five to forty-eight contained serosity, or semi-liquid matter, has almost entirely abandoned extirpation for incision and cauterization of the sac. With the aid of forceps and by the left hand the lid is solidly fixed and the cyst incised. This once done and the liquid evacuated, it suffices to cauterize the sac with nitrate of silver. M. Velpeau has lately performed this operation in two instances; he thinks that the operation is infinitely more simple and the cure is equally as rapid.—*Gazette des Hôpitaux.*

A Case of Successful Induction of Premature Labor in Deformed Pelvis by the Water-douche—*By J. Prior Lacey, F. R. S. C. E., Senior Surgeon to the Newark Hospital and Dispensary.*—The following case is interesting on account of the successful result of the water-douche in inducing premature labor, and because it is the second time in which this mode of treatment has been resorted to in the same individual. The report has been drawn up by Mr. Job, the present house-surgeon of the hospital.

Louisa C——, aged thirty-nine, was admitted into the Newark Hospital, Dec. 2, 1853, for the purpose of having premature labor induced by the water-douche, as practiced by Dr. Tyler Smith, and detailed in The Lancet. The case was one of congenital deformity of the pelvis, caused by great projection of the promontory of the sacrum, narrowing of the pubic arch, and consequent lessening of the antero-posterior diameter. This patient has had four different pregnancies, two of which were terminated at the full period by craniotomy; the third by perforation of the membranes at seven months and a half, the child being born dead; the fourth, by the application of the water-douche, labor coming on immediately after the sixth use of the douche, and thirty-six hours after its first employment; in this case the child was also still-born. On the last occasion the membranes were ruptured fourteen hours before the expulsion of the child, and to this I in some measure attributed the result. I then stated, that should another case occur to me, I should allow the liquor amnii to be discharged without any interference.

She was, at the time of her recent admission, in her fifth pregnancy. She considered herself about seven months and a half gone, as nearly as she could calculate. On making an examination per vaginam, the os uteri was found to be somewhat dilated. A dose of castor oil having previously been given, the first application of the douche commenced on Dec. 11th, at half-past eleven, A. M., two gallons and a half of water 110° Fahr., followed by the same quantity of cold, being allowed to flow against the os uteri. She experienced no uneasiness whilst in the bath, but, on getting out of it, complained of pain and some uneasiness in the loins; this was followed, in about an hour, by a severe rigor. An examination was now made, and the os uteri was found to be rather more contracted than it was twelve hours previous to the application of the douche. The douche was repeated at half-past four, P. M., commencing as before, with cold instead of hot water. Immediately after coming out of the bath labor-pains set in, and continued, without cessation, until half-past eight, P. M., when she was delivered of twins, both born alive. The patient progressed very favorably, and left the hospital a fortnight after her delivery.

This case tends to show the great superiority of the water-douche over the operation of puncturing the membranes for the induction of premature labor, as in the two previous pregnancies, in which the membranes were punctured, the children were still-born.

Miscellaneous.

CHARITY HOSPITAL.

Some few cases of interest have presented themselves since our last report. There has been two amputations—one of the leg, the other of the middle finger.

The amputation of the leg was rendered necessary by the existence of a large ulcer, situated on the ankle. The patient, a woman, had had it for over fifteen years. Ferguson's operation was made. The heel of the knife being applied to the left side of leg, the instrument was drawn across, making a semi-lunar cut, and forming a short anterior flap. A posterior flap was then made by transfixing the leg and cutting from within outwards. This operation is perhaps the most simple of the kind, can be more quickly executed, and has the advantage of furnishing a covering for the end of the bone, of sufficient thickness to admit of the pressure of the weight of the body, and the adaptation of an artificial leg to the stump itself. The wound is doing well.

The amputation of the finger was on account of a laceration produced by a planing machine. The wound is healing.

Several cases of varicose veins have lately been treated with good results by means of the ligature. In these cases the smaller, or veins of supply, were those operated on. It is usual in performing the operation for varicose veins, to tie one or two of the larger vessels, high up, by which means the circulation is generally stopped, the vessel below increased in size, and but little good done the patient. The advantage of tying the smaller ones will be evident. The supply of blood is cut off, and the vessels decrease in size or become obliterated. In the cases referred to, a simple needle was passed under the vein, and the twisted suture applied. In none of the cases did inflammation take place.

A man entered the surgical wards of the hospital a few days since, having a large tumor situated on the right side of the neck, and extending from the mastoid to the clavicle; it had a nodulated appearance, and in some parts was discolored; the skin adhered firmly to its whole surface; there was but little mobility, and the patient could with difficulty turn his head. The disease dated from November last, had never been accompanied with lancinating or other pains, and up to within a month or two had caused comparatively but little inconvenience. There was considerable debate as to the nature of the enlargement by those who saw the patient, some believing it to be of a cancerous, others of a scrofulous nature, and it was determined finally to make a puncture of the tumor before proceeding further. This was first done with an exploring needle, afterwards with a bistoury. A portion of the diseased mass thus obtained, proved upon examination with the microscope to be encephaloid cancer. This case is singular in point of view of its rapid development, and the absence of the usual lancinating pains, which is probably one of the most frequent symptoms of this form of disease.

A man with an incised wound of the side of the chest entered the hospital twelve days ago. The wound progressed favorably for some time; three days since tetanic symptoms occurred; rigidity of the muscles of the arm on the wounded side; partial immobility of the jaw, etc. The patient was put on the use of brandy, morphine and camphor. The case is progressing rather favorably.

In the medical wards of the hospital there can be said to exist no prevailing type of disease. But very few cases of cholera have been lately admitted, and only one case of yellow fever, the following:

Ludwig Husmann, a German, aged twenty-two years, admitted to ward twenty-two on the evening of the 13th inst. He says he came last from Rio Janerio, where he had made a stay of four weeks' duration. Six weeks ago he arrived in New Orleans, on the Hamburg ship Caroline, and was taken sick after being in this city about five weeks, that is, on the 8th of July. There was, according to his statement, no yellow fever at Rio at the time he left, and the health of the passengers of the Caroline during the voyage was excellent. He was first attacked with a chill followed by pain in the head, back and legs, and vomiting. At the time of his admission into the hospital, he presented the following symptoms: Face flushed, eyes slightly injected, skin hot, dry, and somewhat dusky in color; pulse frequent, respiration heavy, oppressed, and accompanied with frequent sighing; tongue slightly furred and red at the edges, gums somewhat red. A short time after his admission he threw up a small quantity of black vomit; more was ejected during the night, and he died about six o'clock, A. M. A post mortem examination showed most of the usual signs of yellow fever; the stomach contained nearly a pint of black vomit.

It is unfortunate that this patient was unable to give any information as to the portion of the city in which he had resided; all that could be gathered from him was that he lived near the river and not far from a market.

Charity Hospital Reports—Month of June, 1854:

Admitted,	773
Discharged,	562
Died,	148
Births,	4

Report from June 28th to July 13th, inclusive—

Admitted,	533
Discharged,	382
Died,	70

Births, 3; 1 male, 2 females.

Health of the City.—New Orleans still continues healthy. As yet we have heard of but one well authenticated case of yellow fever originating here, that mentioned in our hospital report.

Physico-Medical Society.—We were unable to obtain for this number of the Journal the report of the transactions of this Society at its last meeting.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. AUGUST 1, 1854. NO. XI.

THE gentleman who lately declared, from his seat in the City Council, that all Boards of Health were worthless humbugs, might by a careful perusal of the General Board of Health Report of England, now before us, derive a fund of information which, if properly applied, would undoubtedly be useful to himself, and promote the welfare of his constituents and the public in general.

Judging from his sweeping declaration he has certainly never made the subject of the public health a special study, and probably derived his opinions concerning the usefulness of Health Boards from having witnessed the powerless condition of those which, from time to time, have had the sanitary welfare of New Orleans more or less under their charge. The apathy which characterized other members of the Board of Aldermen and Assistant Aldermen, on the occasion of the discussion of the Health Ordinance, was perhaps more culpable than the ignorance displayed by the gentleman in question; what he said was probably his honest conviction; many of the others were too indifferent even to interest themselves in the matter, and the result was, that after having suffered various mutilations, yeleped amendments, and being bandied from lower Board to upper, and back again, the Ordinance was ignominiously laid on the table, and the honorable body proceeded to the transaction of more important business — perhaps the election of Warden to the Work-house — previous to adjournment for the summer.

It is difficult to conceive how, in the face of last year's experience, and upon a question which certainly involves to a considerable extent the welfare of a great city, that so much legislative incapacity, pecuniary meanness, and reckless indifference could be manifested, as was evident in the

case of the Health Ordinance from its framing to its final laying on the table. There can be no doubt that well digested sanitary regulations and a proper Board of Health, so organized as to insure their enforcement, would have a good effect on the sanitary condition of New Orleans. The reputation of the city would be improved and instead of being looked upon as a plague spot it would come to rank with the most healthy cities of the Union. The official report of a Board of Health composed of physicians of well established reputation, gentlemen of known integrity, would be a document from which there could be no appeal, and the lies of newspaper letter-writers so industriously circulated abroad to our prejudice could not fail to be duly appreciated when weighed with this better testimony.

New Orleans is perhaps as healthy now as it ever has been at this season of the year; in fact, there are few cities with a population equal to it which can show such a limited weekly mortality. For this let us be thankful; but at the same time let us be prepared for any emergency which may arise. The cholera is now prevailing to an alarming extent in the northern and western cities, and even on our own river coast. Among the plantations the mortality from this disease has been considerable; is it not possible that we may have it here? and if so, would not an efficient Board of Health be of service in lessening its ravages? In reply to this question we subjoin an extract from the General Board of Health Report of England, which, in our opinion, is a good authority and a conclusive answer:

"Under the Nuisances Removal and Diseases Prevention Act we were charged with the duty of devising and administering measures for mitigating and checking the spread of the cholera.

"An examination of the results of the preventive measures which were adopted will show that they exercised a very decided influence in checking the progress of the pestilence.

"In other countries where no such measures were resorted to, and where the predisposing and aggravating local conditions could hardly have been more intense than in the neglected districts of many of our own towns, the mortality in proportion to the population was, in several instances, much more than double that of Newcastle, the only town in England in which the disease has, in 1853, been epidemic. In Stockholm, for example, the deaths in round numbers were 31 in 1,000 of the population. In Copenhagen they were also 31 in 1,000. In Warsaw they were 35 in 1,000, and in Christiana they were also 35 in 1,000; but in Newcastle during the recent outbreak, although this has been the severest that has yet occurred in this country, they were 17 in the 1,000.

"If the mortality in England and Wales from cholera, in 1849, had been at the average rate of that which has lately occurred in the places

above enumerated, the deaths, instead of being 72,000, would have been near 600,000.

"That the visitation of 1848-9 was greatly mitigated by the preventive measures that were adopted will be evident on a consideration of the results set forth in our report on cholera (pp. 143 to 149), and these results, as will be seen below, are confirmed by the recent experience of Newcastle and other northern towns (App. 1, p. 64).

"The demands made upon us for assistance on the first outbreak of the epidemic in 1848, rendered it urgently necessary that we should apply ourselves to the subject. Inquiries under the Metropolitan Sanitary Commission appeared to us to have ascertained facts which determined the proper mode of dealing with the pestilence. These investigations, exhibiting the course of the disease in previous attacks, and the results of the experience of medical witnesses who attended the greatest numbers of the sick, in the districts most severely ravaged, had proved, beyond all question, that in the immense majority of cases the violent and unmanageable form of cholera is not sudden in its approach, but is preceded by a premonitory stage, generally of some hours and often of several days' duration, and that in this stage the disease is controllable. On the other hand, from the experience we had collected from countries and climates the most diversified, it appeared that if this stage be neglected, and the developed stage allowed to come on, one-half, or even two-thirds, under unfavorable, and one-third under the most favorable circumstances, of those attacked, are certain to perish, whatever may be the mode of treatment adopted.

"On these facts we endeavored to base a system of prevention. In order to discover the disease in its earliest stage, and to bring it immediately under proper treatment, we organized a system of house-to-house visitation, so as to place the inmates of every poor man's house in infected districts under daily medical inspection.

"We moreover proposed the opening of dispensaries, at which, in the absence of the visitors, the poor might be provided with medicines at any hour, night and day; and also the opening of houses of refuge for the temporary reception of the inmates of filthy overcrowded houses, in which cholera had either actually broken out or was impending; and we further advised that the medical visitors should be made instrumental in discovering and reporting nuisances and pointing out the houses and localities which stood in the most urgent need of cleansing.

"At first much difficulty was experienced in bringing these combined measures into operation, but as the epidemic advanced the system was extensively adopted, and in many instances energetically and efficiently applied.

"The following is a summary of the result:—130,000 persons in the first stage of cholera were by its means discovered and placed under immediate treatment. Of this number 6,000 were on the point of passing into developed cholera, yet only 250, or about 1 in 500 actually did so. Of the whole number brought under visitation in the metropolis (43,737), 978 were on the point of passing into cholera, but only 52 actually did so; so that, on the whole, the number which passed from the premonitory into the developed state ranged from 1 in 500 to 1 in 800.

"In the much severer visitation which has recently taken place at Newcastle the results are similar. The returns show that during this outbreak 44,611 persons, suffering from diarrhœa and cholera, received relief under this preventive system, but it must be borne in mind that many persons were relieved more than once, so that some deduction from the above number must be made.

"The total number of persons discovered in Newcastle by the house-to-house visitation in a state of cholera, choleraic disease, was 5,497. Of these there were in diarrhœa, 5,160; approaching cholera, 271; cholera, 66. The visitors also discovered the corpses of three persons who had died without receiving any medical aid.

"Of the 5,160 cases thus discovered in the first stage, 17 passed into the second stage; and of the 271 in the second, 13 passed into the third stage, or into developed cholera; that is, about one in 300 passed from diarrhœa into approaching cholera, and nearly 5 in 100, or 1 in 20, passed from approaching cholera into cholera.

"These results mark the greater severity of the outbreak at Newcastle than that in the metropolis in 1849, where, as has just been stated, only 1 in 800 of the cases of diarrhœa passed into cholera. It is remarkable, however, that in the stage approaching cholera the proportion that went into cholera was nearly the same in both epidemics, this event happening in 1848 in 1 case in 19, and at Newcastle in 1 case in 20.

"The influence of the house-to-house visitation in checking the progress of the pestilence at Newcastle is shown by the following facts:

"On the first week in which the visitation came into complete operation, there were under the care of the medical officers 333 cases of cholera, and 321 of approaching cholera.

"In the second week these fell to 76 cases of cholera, and 132 of approaching cholera.

"In the third week only 6 cases of cholera and 48 of approaching cholera could be discovered.

"In the next three weeks the visitors found but 5 cases of cholera and 51 of approaching cholera, and the total number of cases treated by the medical officers amounted only to 47 cases of cholera and 86 of approaching cholera. The medical inspector reports: "These were for the most part isolated and scattered cases; in the affected districts the disease was as effectually extinguished as a fire would be by a sufficient waterfall."

"It is important to bear in mind, as showing that this sudden and rapid diminution of cases was owing, in a very great degree, to the preventive measures enforced, and only in a subordinate degree to the natural decline of the disease, that, while cholera and approaching cholera fell from 333 to 76, and from 490 to 180, diarrhœa still prevailed, according to the testimony of all the medical men engaged in this service, in as severe a form as before, and in the proportion of 3,398 to 2,327, exclusive of the cases which received aid at the newly opened dispensaries. The diminution was in fact nearly 77 per cent. in the cholera cases; 64 per cent. in the cases approaching cholera; and only 31 per cent. in the diarrhœa cases.

"In the town of Stockton-upon-Tees a violent outbreak of cholera occurred between the 5th and 7th of October. The house-to-house visitation began on the 7th and ended on the 20th. During this period there were

discovered 503 cases of diarrhœa, 16 approaching cholera, and 11 cholera. Of this total number only 11 ended in death; the whole of the cases of diarrhœa, together with those approaching cholera, having been stopped from advancing to the developed stage of the disease.

"We believe the difference in the proportionate mortality in the towns in which this system was carried into effect, compared with that in towns where no such measures were adopted, whether in this country or abroad, affords a measure of the amount of life which this system was the means of saving. It may be further stated, that one invariable effect of the system, wherever brought into operation, was to put an end to panic. The people, finding they were cared for, and knowing definitely where and how to apply for assistance in the moment of need, became tranquil, and confidence was restored.

"Medical officers generally, both at home and abroad, have expressed their conviction of the efficiency of this system of prevention.

"The College of Physicians have concurred in recommending its adoption."

Observations on Convulsions in Children and Epilepsy:

By Warren Stone, M. D., *Professor of Surgery, University of La.*

It is not my purpose to enter into a full history of these diseases, but to call attention to some practical points. There is some similarity between common convulsions in children and epilepsy. There is, evidently, some peculiar state of the nervous system (either hereditary or acquired) existing, or else slight local irritations would not produce such serious results. A child that has once had convulsions is liable to a return of them, and if not fatal they become periodic and assume the character of epilepsy. Various causes, such as dentition, improper diet, exposure, etc., may exist, but they all terminate in one immediate cause — indigestion, or a morbid state of the stomach, which may of itself be a sufficient exciting cause; but the case is much aggravated if indigestible or coarse food is thrown upon it while in this morbid condition; convulsions may occur in excitable children from accidental causes, but there are cases where there is a regular series of morbid changes that take place, terminating in convulsions, and when it has occurred once, and there is a disposition to a return, it can be detected by observing these changes, and the attack warded off. Passing over the great number that die in the first, second, or third parox-

ysm (as the case may be) there are many who survive until the intellect is destroyed. I do not pretend to say that convulsions will not produce death, even when there is only functional disturbance of the nervous system, in spite of the most judicious management; but I feel confident that in most, if not all those cases that are so mild, that the subject survives until the brain gives away from frequent engorgements, can be cured. There is a very uniform history in these cases. Having recovered from one paroxysm the little subject goes on for a longer or shorter period, when it becomes more excitable and disobedient and the appetite becomes morbid. This nervous excitement is peculiar, and once observed it is not likely again to be overlooked. At one time the subject is peevish and unreasonable, and again in high glee and very much like one partially under the influence of the nitrous oxide gas, and this state of exhilaration may soon be followed by convulsions. It is singular that on emptying the stomach and bowels it will be found that food which was taken twenty-four or thirty-six hours before is unchanged, although no symptoms of indigestion had been manifested. It seems as if all the natural functions of the stomach are suspended, and in fact all functions seem suspended for there is not even bad digestion. I believe the patient may go through the paroxysm regularly, if there is no imprudence in diet, or even if diet is withheld, but it is much aggravated by indulgence of the morbid appetite. Convulsions, then, may be said to be owing to a peculiar state of mobility of the nervous system, together with a morbid state of the stomach and the presence of some indigestible or undigested food as an exciting cause. Dentition and other sources of irritation may be indirectly causes, but mere physical suffering rarely causes convulsions, unless it is continued until the functions of the stomach are upset. When convulsions are fatal the death is the same as in strangulation. Respiration is interrupted by the spasm of the muscles, which in severe cases prevents the expansion of the chest, or the descent of the diaphragm; the return of the venous blood is prevented, the lungs become engorged, asphyxia and death follow, and dissection shows nothing more than what may be found after death by drowning on a full stomach. If all this commotion could take place without interrupting respiration, there would be no danger, for these paroxysms are disposed to terminate like epilepsy. The usual remedies in these cases are free leeching from the head, hot baths and injections. The injections may be of material service, and can do no harm; the leeching can scarcely be of any service, and may be injurious, and the bathing may, by indu-

cing faintness, tend to relieve the spasms, but it appears to me that as a general rule more harm than good is done by it. The little patient is usually nearly smothered in the steam of the bath, when he requires all the fresh air he can get, and when taken from it, is rolled up in a woollen blanket, in a July day, and perhaps the fumes of a hot garlic poultice are substituted for fresh air. It has appeared to me that more cases would survive the paroxysm if the treatment was confined to the administration of injections, and placing the patient in a favorable position for respiration and fresh air. With this simple means, the spasm will usually subside, and give an opportunity to administer medicine to remove the irritating cause from the stomach and bowels. There are many cases, however, in which fatal engorgement of the brain and lungs will take place in spite of all the usual means adopted to relax the spasms, and it is in these cases that I would urge strongly the use of chloroform. I am confident that this remedy properly used will rescue all those that are laboring under simple spasm uncomplicated with any serious organic disease, if it is applied while the lungs are sufficiently free to allow the patient to be put under its influence. I have seen several cases recover under its use, who were in a hopeless condition from the great engorgement and exhaustion; and it is fair to conclude that an earlier use of the remedy would have a more certainly favorable effect. The spasm is the cause of all the lesions of circulation and respiration; chloroform relieves it with great certainty, and the local action of the chloroform has appeared to me to be favorable on the engorged lungs. The first case in which I used it, was looked upon as hopeless. The pulse was one hundred and fifty, countenance was livid, and the lungs much engorged, the coarse mucous râle proclaimed approaching dissolution. I was fearful that I would be unable to get the patient under the influence of chloroform, as the breathing was so limited by the spasms; but in a short time I perceived that the respiration became perceptibly fuller, and in proportion as the inspiration became deeper, the color improved, and at the end of fifteen or twenty minutes the spasms had ceased, the respiration was full and regular, and the color had returned, and the patient appeared to be in a quiet sleep. After a short time, when the immediate effects of chloroform had worn off, the patient was easily aroused and made to swallow a full dose of oil, which carried off, unchanged, food that had been taken thirty-six hours before, and there was no return of the spasm. This is pretty much the history of several other cases, that I feel confident would have terminated fatally without the aid of

chloroform. I can conceive no objection to its use, and the only precaution necessary, is to allow the patient to inhale a fair proportion of air with the chloroform. Undigested food, I believe, will be found in the stomach and bowels, in all cases, whether there have been any imprudence in diet or not, for the engorgement of the stomach, which exists previously, arrests digestion, and may give rise to convulsions without any imprudence. When the convulsions return, and becomes a kind of habit, the nature of the complaint can be studied with better advantage. We will observe peculiar and regular symptoms preceding the attack; the patient becomes wayward, unmanageable, exhilerated, and has a morbid appetite. Now, if small doses of calomel are administered at proper intervals, and followed by oil or some laxative, acrid discharges will take place to the entire relief of all the wayward symptoms, and the attack is warded off; whereas, if we rely upon dieting the patient, the paroxysm will occur with a great degree of certainty, and if the subject survives, the disease becomes habitual, and assumes something of the character of epilepsy.

The treatment in these cases may be properly divided into that which is proper during the paroxysm to bring the patient out of it, and after the paroxysm to fortify the system against a recurrence; and that which is proper to ward off a paroxysm when the premonitories appear. For the first, chloroform to relieve the spasm and enable us to evacuate the stomach and bowels and disgorge the organ; and for the second the use of tonics, such as iron, (the sol'ble preparations are best,) fresh air and light nutritious diet; and for the last, restriction from all solid food, small doses of calomel, and if the nervous excitement is great, nauseating doses of tart. emetic with hyoseyamus may be given; thus the paroxysm will be prevented, and by careful attention the system will overcome this peculiar diathesis. These cases are quite common and would be more so, but for the fact that few live to acquire this habit, or until the intellect is destroyed. This morbid condition of the stomach and bowels is a peculiar feature in this disease, and as soon as they are disgorged (as shown by the green acrid and what has been improperly termed billious discharges) all the disagreeable symptoms cease.

[*To be continued.*]

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. XI.

Syphilitic cutaneous manifestations may appear over all the different regions of the body. The following are those most frequently affected: first the trunk, then the limbs, next the vicinity of genital organs, the scalp, the face, the palms of the hands, the soles of the feet, the root of nails, and even the meatus auditorius externus. Exanthematous eruptions (such as maculæ, roseola, erythema) are the most precocious and common of all varieties. This variety of eruption may extend all over the surface of the body, but generally it is limited to certain regions, such as the trunk, and is never accompanied either by febrile phenomena or pruritus; but there may, however, be fever, independent of syphilis, and it must then be looked upon as a concomitant phenomenon. I insist upon these circumstances, for such secondary eruptions might, by an inexperienced eye, be mistaken for measles or scarlatina. Feverish symptoms are very rare in constitutional syphilis, but I must say, I have observed them now and then. The cutaneous phenomena appear sometimes suddenly; at other times they come on gradually, and take two or three weeks to develope themselves. This duration is quite uncertain—a circumstance in which they differ widely from the regular exanthemata, which last, as you know, a definite and fixed period of time.

When the exanthematous eruption has appeared it will go on, for more or less time, but it then presents certain modifications; it is observed to fade away for a little while, then it reappears, and it may thus go on, with interruptions, for two, six or twelve months, then it entirely dies away.

These modifications are particularly observed at the onset of a treatment which has not been followed up a sufficient length of time to neutralize the exciting cause—hence the common error of attributing to a mercurial course of treatment the appearance of such eruptions.

Rubeolic eruptions which frequently appear during the existence of blenorrhagia, treated with copaiba or cubebs, have often been mistaken for syphilitic exanthemata. This should be guarded against, for it has led many careless observers to the belief that blenorrhagia could produce sec-

ondary eruptions. The diagnosis is generally easy. Thus in the roseola depending upon copaiba, the symptoms subside as soon as the medicine is left off; great itching attends it; besides desquamation of the skin, absence of indurated chancre or bubo, and the presence of enlarged cervical ganglia further assists the diagnosis.

Maculæ or blotches, as we have already stated, are generally the first manifestation of constitutional syphilis, but they may also appear as the termination of some other cutaneous diseases which have preceded it; often they constitute the only traces of a *syphilide* either partially, or entirely cured; while we often find in neighboring regions the same cutaneous eruptions which must have preceded them, and which give a clue to their origin.

When these maculæ are consecutive to other eruptions, their form and size vary according to the eruptions which gave rise to them. Less prominent over the surface of neighboring parts, they are depressed as if from an atrophy of the skin at the diseased point, whether or not ulcerations have preceded. The color of such eruptions is deeper than that of the primary maculæ, and this more marked as they may have succeeded to eruptions which have existed for a certain length of time. This brown color, peculiar to that form of maculæ, the result of cicatrizing, is generally more marked in all depending portions of the body, and particularly in the legs, where all eruptions, even those uncomplicated with syphilis, assume a coppery hue — whilst primary maculæ seem to depend upon capillary congestion, which pressure soon causes to disappear, the other form seems to depend upon the presence of a coloring matter more intimately combined and which pressure does not relieve. These eruptions, the durations of which cannot be limited, and which oftentimes are not influenced by treatment, disappear suddenly, sometimes without leaving any marks, at other times are replaced by white and depressed cicatrices.

To this eruption, whether we observe the patient at a later period, or whether a proper treatment has not been followed, generally succeeds a papulous or squamous eruption.

Papulæ, like the exanthemata, may appear on the skin without having given rise to any general disturbance. Under this head we include all the papulous eruptions from lichen to the *papulus* muqueuses, or condylomata of the English and German schools.

These mucous tubercles are by far the most precocious manifestations. In many instances they appear so quick after the primary accidents that

many writers on syphilis have been induced to regard it as a primary affection. But I can positively assert that it has never been observed before the third week after the existence of the primary accident—the earliest period at which I have seen secondary symptoms develope themselves. This manifestation is necessarily preceded by an indurated chancre, either in the very place where the *plaques muqueuses* exist, or in some other portions of the body. Sometimes indurated chancres are transformed *in situ* into these tubercles, they then constitute a symptom of transition from the primary to the secondary manifestations. This affection generally commences by slight redness, the epithelium becomes softened, loses its connections with the parts beneath, disappears and leaves an erosion; the eroded surface soon turns very red, projecting and granular, and is covered with a pultaceous secretion, which is, for the most part extremely fetid, particularly in the annal and the genital regions.

Symes' Operation,

FOLLOWED BY GANGRENE AND AMPUTATIGN OF LEG.

Reported by Thos. J. Locket, *Student, Charity Hospital.*

Christopher Heerman, a German by birth, about thirty-five years of age, entered the Charity Hospital, Dec. 20, 1854. He stated that while working as a deck-hand on a steamboat, rolling cotton, a bale fell upon his foot and bruised it very severely, but yet not so much as to prevent him from working. Some days after the accident, and still suffering from the effects of it, he was walking along with a barrel upon his shoulder, when he felt something give way in his foot and could not walk. He was brought to the hospital at once.

The foot was examined and it was found that the cuboid bone was dislocated. The luxation was reduced and dressed in the usual manner. Intense inflammation set in soon after and continued for two months. It was treated appropriately, but could not be subdued.

At the end of two months, it was discovered that caries of the tarsal bones had taken place, and it was thought that the case was favorable for the performance of Syme's operation. This was accordingly made on the 28th of February, by Dr. Martin.

The wound appeared to be healing kindly for several days. The patient was gently stimulated, and allowed a generous diet. On the sixth day after the operation, hospital gangrene set in, and proceeded very rapidly. Active means were resorted to to arrest its progress, and the following powder applied:

Pulv. Cinchon,
Pulv. Camphor,
Carbo. Lig., } *aa.* ʒss.

This treatment was continued for several days, and had a very beneficial effect, restoring, finally, the healthy process, everything going on as before, and the patient gradually improved, having been much debilitated by the irritation and pain.

The stump healed very well, with the exception of two or three small fistulous openings, which were treated by stimulating injections. In ten days after this, gangrene again made its appearance, and was treated as before, but could not be arrested, and proceeded so rapidly that it was thought best to amputate the leg below the knee.

On the 21st of June, Dr. Martin operated again, and this time with a good result. The wound healed by the first intention; the patient's health is good, and he is now able to walk about on his crutches.

Excerpta.

We published in a former number of our journal a translation relating to the discovery of a new agent in medicine—Quinic Ether. The "Charleston Medical Journal and Review" copies our article, and adds a translation from the "Gazetta Medica Italiana Toscana," detailing further experiments, which we abstract and subjoin. — *Editors.*

Doctors Manetti and A. Scarenzio on the Inhalation of Chinic Ether in Intermittent Fever.—This paper is a continuation of a preceding one upon the new combination chinic ether in intermittent fever. By means of this quinine is inspired into and absorbed through the mucous membrane of the lungs. A number of cases of recovery are detailed with sufficient minuteness of detail to establish the beneficial action of the novel means used. We will transcribe several of the cases reported:

Experiment 9th.—Zara Luigi, 42 years of age, a native of Lodi, but living in Pavia, entered the Medical Clinique the 17th July, 1853. Robust in person, in his youth he had been subject to intermittent fever of the tertian and quartan

type, which decreased under the use of bitter tonics frequently repeated. At 23, he also suffered from attacks, which were treated with quinine. On the 10th day of July, 1853, about 2 o'clock in the day, he had a severe chill, which lasted about two hours and a half, accompanied with pain in the head; burning thirst, accompanied by heat and sweating, which disappeared at 6 in the evening. The apyrexia lasted until 3 A. M., of the 18th, when the access again recurred. The chill endured more than an hour; was attended with the usual symptoms, and the access persisted till four of the following morning. From this time he enjoyed an apyrexia, till half-past two of the 10th, when he was again seized with chill, which stadium maintained itself sensibly till 6 in the evening. The heat of the body (calore) was 40°, the pulse 98°. The other stages succeeded, as did the previous accesses. The 21st was a day of complete apyrexia. Heat, 36° to 80°; and after dinner the inhalation was commenced. The first to 6, P. M., the second to 9½. On the 22d, the inhalation was commenced at 8 o'clock and at 10½, at 2 and at 6, P. M. On the 24th, it was commenced at 6 and 8. The heat 26° to 20°. There was no access. At 3 P. M., was from 37° to 20°, the pulse 76°; and the patient only complained of a slight sense of fatigue. At half-past five he continued well. Pulse 76; the heat, nevertheless, was from 36 to 60. At 8½, pulse 60. On the 25th, heat 37 1-5—no increased frequency of the pulse. The apyrexia continued during the days of the 26, 27, 28 and 29; and on the 30th, he left the hospital to enter upon his usual duties.

Experiment cited as 10th.— The following case was transmitted to the author, by Dr. Emilio Marnardi, with the accompanying comments: "I send you an account of a patient cured by the inspiration of chinic ether. Albina Olivati, 6 years of age, had suffered for some days of intermittent fever of the tertian type. The day on which I was called to see him, I found him without fever, suffering only from malaise and weariness of the limbs—prescribed a mild purgative. On the following morning, of the 10th, he was in a chill, which had just come on, which lasted about a half-hour, and accompanied with an increase of heat, and afterwards profuse sweating. In the evening the paroxysm declined, and I recommended him to keep his bed. On the next day he was perfectly quiet, having acquired his accustomed cheerfulness. He was subjected to the chinic ether—repeating the exhalation every three hours, and giving him four of these. On the following day, at 1 o'clock, the child had a slight chill, followed by a slight increase of heat and perspiration scarcely recognizable, passing through the access in three hours. On the following morning the pyrexia was complete, resumed the inhalation and repeated it five times. There was no further disturbance nor paroxysm. This patient continued without any return.

Experiment 11th.—Bellinzoni Caterana, a married woman, in one of Salles of the hospital first named, had six accesses of tertian fever with intercostal neuralgia. On the 10th of July, a day of apyrexia, she was subjected to two inhalations of chinic ether. She had still an access of fever. On a subsequent day, the 13th, repeated four times the inhalation, and the fever did not again reappear. About the middle of the month of August, she again suffered from intercostal neuralgia, but without being accompanied with a paroxysm.

Experiment 12th.— Luigi Bussetli, profession baker, having had tertian fever, remained some months in a village in the lower portion of Lombardy, and was again taken with periodical fever, the 4th of August, 1853. The paroxysms were ushered in with the chill, followed by heat and sweating. On the first day it lasted from the middle of the day to 8 o'clock in the evening. On the 8th and 10th, when he was better, commenced its treatment with chinic ether. During the apyrectic period six inhalations were made, each of them for about five minutes. The fever did not return, and the patient henceforward enjoyed perfect health.

Experiment 13th.— Isedoro Pelligrino, stable boy, a native of the valley of Pulicelda, a robust person, after some derangement of the digestive organs, was assailed at about 3 o'clock, of the 7th of August, by an ague which lasted for about half an hour, followed by burning heat and copious sweating, which lasted till 12, P. M. On the morning of the 8th, there was an apyrexia, but about 4 o'clock, after dinner, there came on an access similar to the preceding. The same

thing occurred on the 9th and 10th. Premising a purgative, the cure was completed with chinic ether. The first two inhalations not suffering to destroy the access of the 14th, which, nevertheless, was repeated with less severity than the preceding two other inhalations, sufficed any subsequent attack.

Experiment 14th.—Luige Paleare de Monza, laborer, having suffered for five years from periodical fever, which remitted for some days under the use of chinchona, was subjected, on the 10th of August, to the cure by chinic ether. The accesses were severe and exhibited the quartan type. Six free inhalations did not suffice to destroy the renewal of an access less severe, nevertheless, six others cut it short completely, so that for two months he has had no renewal of the fever.

Experiment 15th.—La Signora R. B., living at Monza, formerly tormented by a periodical fever, suffered from severe tooth-ache, each day about sunset. There being a neuralgia of the third branch of the fifth, with a painful spot sufficiently well limited. Being advised to have recourse to chinic ether, the first inhalation so influenced the neuralgic pain that it did not make its appearance on that day. Three inhalations on the subsequent day prevented any new access of tooth-ache.

Experiment 16th.—Mascandolo Guiseppe, of Zeccone, in the province of Poria, a soldier by profession, entered the medical clinique on the 4th August, 1853. He had been indisposed from youth. Received into the clinique he was found with an acute gastro hepatitis. He was put under the use of anti-phlogistics, when on the 5th August, about 5 o'clock of the evening, he was seized with a severe chill, followed with heat, (40°) pulse 104; he had ringing at the ear. Being examined, he was found with headache, pain in the eyes, sclerotic coat yellow, tongue dry, respiration disturbed, pain in the epigastric region at deep inspirations; the spleen surpasing by a little the free margin of the false ribs was elevated as high as the fourth, the left portion extended to the left hypochondriac region, lifting itself so as to furnish on percussion an obtuse space in continuity with the cardiac dulness. Upon pressure there was pain in the epigastric and right hypocondriac region; pain also in the ilio coecal region, excessive meteorism and prostration of strength. He was ordered a bleeding. The access terminated on the evening of the 8th, with profuse sweating; in consequence there was a notable diminution of the weight and pain of head, the patient being left with but a slight feeling of heaviness; he was languid during the night. At 8 o'clock of the 6th, the time of the morning visit, the patient presented a notable diminution in both local and general symptoms; the heat of body was at 37 to 40, the pulse 70; the tongue moist; (*nessuna cotenna sul sangue estratto.*) At 3 o'clock, P. M., he was again assailed with a severe chill, and about 6 o'clock he commenced to pass into the hot stage; the heat of the body was 40, pulse 104, head painful, tongue less moist, thirst ardent. On account of constipation, a purgative was administered. Running through its accustomed stadii, the fever ceased about 11 o'clock that evening, and with it the pain in the head, and thirst. On the day of the 7th, the inhalation of chinic ether was commenced. Three inspirations repeated three times in three hours were not sufficient to impede the return of the access, which came on an hour later, was less severe, the heat of surface raised the thermometer to 39, the pulse elevating itself to 93, there did not appear during the paroxysm the heaviness about the head, nor the thirst. The night was passed tranquilly after the cessation of the paroxysm, which appeared one hour before its accustomed time; on the morning of the 8th, the inhalation was continued at 5 o'clock of the same day, followed by two in two hours, which prevented the return of the paroxysms at the usual time, but not preventing, about 7 o'clock, some appearance of it, however, with less force and less duration. No other medication was administered, except the inhalation, when having remained a few days longer in the clinique, of continued improvement, he returned to his house.

Experiment 17th.—The Signora G. R., 17 years of age, marriageable, of scrofulous habit, a native of Milan, but living in Pavia, found herself exposed, in August, 1852, in a neighboring province, to paludal miasm, when she contracted an intermittent fever, of the quartan type, with very strong accesses. Rejecting

every means of cure, she was left to attacks of more or less severity, which repeated themselves periodically, even extending through the month of February of the succeeding year, at which time they ceased spontaneously. She remained free from fever for three months, when, on the first of June, the attacks re-commenced, and for the same cause as in the preceding year the periodical quartan type was maintained until the present attempt at treatment was begun. The paroxysms usually appeared at 5½ of the afternoon, ending between 2 and 3 A. M. With the advice of my colleague and friend Mansueto Faraoni, the cure with chinic ether was commenced, and on the 6th of August, at which time appeared an access, two inhalations were made, the first in the middle of the day, the second at 3 P. M. The paroxysm delayed its appearance to 8 o'clock, and at 10 the heat rose to 39–75, pulse to 112; the last stage having ended at 2 A. M. The patient passed the entire day of the 7th in a perfect state of apyrexia. On the 8th the inhalations were repeated four times every three hours, after which no further attack made its appearance.

Experiment 18th.—Andreoli Giuseppe, of Bissone, living in Scarpone, a province of Pavia, 42 years of age, postilion by profession, entered the medical clinique the 10th day of August, 1853. He had before suffered from intermittent fever; had had a phlegmon of the left leg and a pleurisy. For fifteen days he had had a quotidian intermittent fever, the accesses of which denoted themselves by a chill about 3 in the afternoon, to which succeeded the other stadii. The attacks did not always present equal intensity, but on one day were always lighter than on another. The first visit was paid the patient on the 10th, when he was found with slight headache, a dirty tongue, red at the margin, thirst, epigastric pain upon pressure, and increased aortic impulse. On the 11th, the gastric symptoms still existed, notwithstanding there was an apyrexia. At 3½ an attack supervened, and at 5 the patient was a prey to the chill, light, however, as it should have been on that day; heat 39–60; pulse 90. At the advance of night the access terminated. On the morning of the 12th, there was an apyrexia, the gastric symptoms, however, persisting; at 3 in the afternoon the chill was ushered in with more intensity than on the preceding day, and it lasted till 5 P. M.—pulse 100, heat 40; at 9 o'clock the access was about ending, when the first inhalation was made with chinic ether. On the following morning, at 6 o'clock, the pulse was 72, heat 37; the inhalation was repeated for the second time. The same was done for the third time at 9. At 4 the patient was still apyrectic, pulse 75, heat 37–20; inhalation repeated for the fourth time. At 6 the patient persuaded that the access would not manifest itself, the pulse nevertheless at 90; heat 40; the inhalation repeated for the fifth time. On the morning of the 14th, the pulse numbered seventy strokes, the heat rose to 37, the gastric symptoms persisting, tongue dry, thirst ardent. The inspiration was repeated for the seventh and last time, when Andreoli did not suffer from any further attack, and on the 20th returned voluntarily to his house, if not entirely cured, yet much relieved of the gastric affection.

Recommendation of an Artificial Cornea as a Substitute for the Transplantation of the Cornea—*By Joh. Nep. Nussbaum, Assistant Physician in the General Hospital at München.**—The object of this article is, as its title indicates, to show the advantages, or rather the full success attending the introduction of an artificial cornea composed of glass, in those cases where there is more or less blindness from opacity of the cornea.

It is not necessary to give a translation of the entire article, and I shall quote only those passages which contain the gist of the subject.

After alluding to the many contingencies for failure attending the bold practice of Himly, of transplantation of the cornea, even by the most skilful operators upon the eye, he says he was led to make experiments relative to what substances would be least offensive as foreign bodies in the healthy tissues, in view of using

*Die Cornea artificialis als Substitus für die Transplantatio Corneæ empfohlen. Von Joh. Nep. Nussbaum. z. Z. Assistenz Arzte im allgemeinen Krankenhause zu München. From Siebold and Kölliker's Zeitschrift für wissenschaftliche Zoologie. V. December, 1853, p. 179.

such for an artificial cornea. After experiments upon his own body, he found that, of many solid substances, glass produced the least iritation, and in some instances scarce any at all. With this fact obtained, he formed a circular cornea of glass, perforated by a hole two-thirds its width. This he introduced into the eyes of dogs, having previously removed a corresponding portion of the cornea. But it was attended with *no* success; for, aside from the extreme difficulty of removing a portion of the cornea *exactly* the size of the artificial body introduced, there was much disturbance following the introduction of so large a body in so delicate a tissue, such as suppuration, etc., with a loss of the eye in the end.

Thus foiled, he says it all at once flashed upon his mind that an oriffice, of the size of a pin-hole, is sufficient to admit a good image of an object, if the eye is placed directly near it; as, for instance, in looking through such a small hole in a piece of pasteboard. With this valuable hint, he made a new trial, forming the artificial cornea after a new model, and of a much smaller size. Its general form was much like that of a shirt-stud, there being a main shaft with a rim on each end; but, instead of being round or circular, both shaft and rims were compressed laterally, being, therefore, of an oblong instead of a circular form. The artificial cornea, thus formed and shaped, was not much larger than the head of a large pin, and perforated by a hole of an oblong shape and of a correspondingly minute size.

With this new model for a cornea, he proceeded to operate upon the eyes of some puppies. Instead of making a circular incision, as in the first experiments, a simple slit was here required. In this slit of the cornea the new body was introduced exactly as a shirt-stud is put in a shirt.

The following is his description of the operation:

"For the operation are required, a cataract knife, a pair of small anatomical forceps, and, for the emergency, Cooper's scissors In the absence of a good assistant, there is needed a lid-holder of Snowden, and when the eye is very restless, a sharp hook. For the patient, I choose the reclining, and for the operator the sitting position, The pupil being dilated by a strong solution of the extract of belladonna, I narcotize the eye until the bulb remains quiet; then, opening the lids by means of a lid-holder, I place the cataract knife, which I hold as a pen, at right angles on the surface of the cornea, at about one-eighth of an inch from its external border, with the knife's edge directed towards the inner (not the outer) canthus, whereby both borders of the wound are made of equal thickness. I then plunge the knife into the cornea, until it reaches the anterior chamber; then holding the instrument at a somewhat obtuse angle, I carry it inwards, making an incision one-eighth of an inch in length. The knife is then withdrawn from the wound by carying it backwards.

"As the wound is small, it gapes open but little, and the aqueous humor flows out very slowly; but, quick as possible, I seize the glass cornea with the pincers, and insert it in the incision, as a button in a button-hole. All this insertion must be done very quickly, for upon the time occupied depends the reaction and disturbance which are to follow. In conclusion, I remove the lid-holder, and glue up both eyes.

"The quantity of aqueous humor that escapes during the operation, is in exact ratio with the disturbance and trouble that follow. When little escapes, the iris is little irritated, and the lens but slightly disturbed. In some instances, I was fortunate enough to lose only two drops of the aqueous humor; these cases healed very quickly and I was convinced that neither iris nor lens had been at all disturbed. In those cases where the incision was too large, and did not hold the glass, the operation proved a failure, and I sealed up the eye, allowed the wound to heal, and afterwards operated again with better success."

I need not here give the after-treatment, as laid down by the author. It must vary, of course, according to the patient, and the care with which the operation is performed, and will suggest itself, *pro re nata*, to every intelligent oculist.

In regard to some of the sequelæ, he says: "In all cases, there appeared, on the first day, a universal conjunctivitis, and a ceratitis, with some disturbance of the cornea; in several cases, an onyx. The former disappear quickly; and the abscess of the cornea heals usually in eight to fourteen days, when the glass, in-

closed in an exudation, ceases to be objectionable to the cornea. Iritis I have observed only when the operation was so conducted that much aqueous humor was lost and the lens impinged upon.

"In regard to the appearances in general, my patients seemed as free from pain after the eighth day as before, and the general aspect of the cornea appeared much less disturbed than in those cases where a portion of the cornea was removed (as in transplantation of the cornea). The appearance of the eye is not particularly bad; around the glass there is a small, white, opaque circle, to which extend from the border of the cornea, one or two small bloodvessels. The eye has no irritability, and no photobphobia even to glaring light."

As to the intimate changes which ensue in the tissue of the cornea, from this operation, the author says: "The sections which I have made during the various stages of healing, presented anatomical changes corresponding to the different sequelæ. The perfectly healed cornea I have often observed microscopically. I found the fibres in the vicinity of the glass always more or less troubled, and slightly lengthened; close to the glass, they presented a wave-like aspect, and their usual parallelism was wholly wanting."

Such is a brief abstract of Nussbaum's account of his new operation. As yet, his experiments have been only upon the lower animals, and the success he has had with dogs makes him confident of a like result in man.

The artificial cornea must, of course, be made with great care, and its size and various proportions varied according to the eye to receive it. The author recommends the rock-crystal as the best material out of which this body is to be formed.

These experiments, from their success, have excited no little attention in the locality of their occurrence, and Von Siebold, a name too well known in science to require mention here, and one of the editors of the journal in which this article was published, carefully examined some of the dogs operated upon. He was surprised to find so little disturbance from the foreign body. Indeed, he says, the animal suffered no inconvenience, the secretions of the eye were not diminished or increased, and the animal winked, or otherwise used the organ, as in the natural state. He considered the subject of sufficient importance to have a lithographic plate made of one of these animals, with details of the parts. At all events, the subject is not lacking in ingenuity; and it having been shown that a perforated glass body, of small size, can be introduced in the cornea, and there remain harmlessly—this, certainly, is an important fact learned; but the application of this operation upon man can alone determine the visual relations of this body, and the greater or less degree which its orifice can transmit rays of light for the formation of an image on the retina. Certain it is, however, that the optical principle here adopted is sound in theory.

Treatment of Leucorrhœa—*By Dr. Alex. Mayer.*—The affection which forms the subject of this short note is designated by the following synonymous names: Vaginal blennhorgia, vaginal catarrh, and leucorrhœa; that to which I now have reference is the chronic variety.

It is well known with what desperate obstinacy this disease resists the best directed and most appropriate treatment. General treatment is rarely useful, and topical remedies not much more successful. The reason is easily explained, and has been mentioned by others before me. It is almost impossible by any means which have been up to this time used to make applications to the whole surface of the mucous membrane, the morbid secretion of which constitutes the disease in question. In fact injections rarely ever come into contact with all the various folds of the vaginal membrane; many plans have been imagined to obviate this difficulty, which has so long been recognized. It has been proposed to make applications of astringent ointments, generally nitrate of silver, by enclosing it in a small muslin bag, tying this to the index finger, which is then introduced into the vagina. I have tried this plan without success, and have no doubt that this is dependent on the impossibility of applying the remedy to all the folds of the vagina, the continuance of the morbid secretion from any one of which is sufficient to again propogate the diseases by continuity.

With other physicians I have made use of the solid nitrate of silver applied directly loco dolenti. The same want of success has followed this plan as the others, and probably from the same cause. I have lately imagined a plan, which has proven successful within the past month in three cases in which I have tried it.

I cause to be made a *condom*, or small bag of clear muslin, which I have filled with fine lint in such a manner as to form a solid consistant cylinder. This is saturated completely with a strong astringent solution of alum, sulphate of zinc, or sulphate of iron; or the vegetable astringents may be used, such as tannin, rhatany, etc. In the three cases referred to a solution of alum was used which was gradually increased in strength. I introduce a speculum as far as the neck of the uterus; the speculum is then filled by the cylinder saturated with the astringent liquid, withdrawn and the cylinder left in the vagina. The vagina is thus unfolded completely throughout its whole extent, that is if the cylinder be large enough, a precaution indispensable to success. In this way the whole canal is subjected to the action of the astringent employed. The cylinder is allowed to remain from ten to twelve hours, and before introducing it again the parts are well cleaned by injections of cold water. In the first case mentioned the introduction of the cylinder was made six times before a cure was effected. In the second, fifteen introductions were necessary, and in the third, five were sufficient. The duration of the disease in each case was respectively eight months, four months and three weeks.—*Presse Medicale.*

Bernard on the Conditions under which Certain Substances, usually retained in the Blood, pass into the Urine.— During active digestion, the blood of an animal contains a certain amount of sugar, which does not pass into the urine; but if the mass of blood be diminished by bleeding, the urine soon becomes saccharine. If we inject a limited quantity of saccharine matter into the blood of an animal ($\frac{1}{2}$ gramme for a rabbit fasting, of the weight of two kilogrammes) the urine will contain no trace of sugar; but if the animal be bled before being subjected to this experiment, a certain quantity of sugar will pass into the urine.

M. Bernard explains these phenomenon by considering that the loss of blood renders the animal of less volume, reducing it to the condition of one of smaller size. It is known that small animals may be poisoned by doses easily borne by larger animals of the same species; and animals, after being bled, cannot withstand the same dose of a poison which they supported previously. These facts were formerly attributed to the increased absorption caused by the withdrawal of blood; but in the experiments above related, absorption had no part, as the substances were introduced directly into the circulation.— *Month. Journ. Med. Sci. from Soc. de Biologie*, 1853.

Mucous Membrane of the Stomach.— The "Zeitschrift für Rationelle Medizin" contains a paper by Ecker on the glandular apparatus of the gastric mucous membrane, which he examined shortly after death in the bodies of several young men who had committed suicide. The account he gives is as follows: In the middle part of the stomach, there are only simple cylindrical glands each from half to three-quarters of a line in length, and about one-fiftieth of a line in diameter. They lie vertically, and are somewhat club-shaped at the closed extremity, just, in fact, as Sharpey and others have described them. The mucous membrane of the cardiac end of the stomach is composed of similar follicles; only many of them are bifurcated at the end. In the pyloric portion, we find, besides these, granular-looking bodies, which are glands somewhat resembling those of Brünner in the duodenum, and the ducts of which branch and end in grape-like vescicles. The function of these glands is, no doubt, to furnish mucus for the lubrication of the pylorus, where the bolus of food is necessarily most consistent. Besides all these, we meet with "lenticular glands," resembling the solitary follicles of the intestine, which have a diameter of from a quarter to three-quarters of a line, and are least abundant along the great curvature of the stomach.— *Assoc. Med. Journ. March* 24, 1854.

Vascular Tissue of the Schneiderian Mucous Membrane.—Dr. Kohlrausch published in Müller's *Archiv.* (1853, H. 2) a description, with figure, of what he designated as an erectile tissue, lying between the mucous membrane and the periosteum of the turbinated bones, especially at their posterior aspect. It is a venous plexus, which can be exhibited by insufflation or by injection, consisting of loops of venous twigs, running vertically to the bone, and closely connected by firm areolar tissue. The mucous follicles, which, in other parts of the nasal mucous membrane, are quite superficial, and have short funnel-shaped openings, lie here more deeply between the meshes of the venous net-work, and discharge their secretion through longer duets.

This peculiar arrangement of the vessels of the schneiderian membrane accounts for the profuse hemorrhage which so often occurs from the nose, as well as for the sense of fullness and tension within that organ, and the copious sero-mucous discharge from it, which are well known as ordinary symptoms of coryza.—*Assoc. Med. Journ. March* 24, 1854.

Result of the Treatment of Complete Fistula in Ano by the use of Iodine Injections.—In the wards of M. Nélaton an attempt has been made to cure complete fistula in ano by the use of iodine injections. The external orifice of the fistula in this case was situated about half an inch from the border of anus, the internal orifice a considerable distance above. Before this case M. Nélaton had confined himself to those fistulas which are internally incomplete in making use of this treatment, and in most cases had been successful. This was the first complete fistula that he had endeavored to cure by this method.

The treatment in this case was begun on the 23d of January, and injections were made daily until the 18th of February; the injection being composed of one part of iodine to three of water, with a sufficient quantity of iodide of potassium to prevent precipitation. The injections were discontinued after that time on account of an attack of tonsilitis with abscesses which supervened; the fistula, however, was nearly cured.

Eight days afterwards pressure at the orifice and over the tract of the fistula caused no flow of pus. The question arises, has there been a complete obliteration of the fistulous tract, or a simple agglutination of the orifices. We think the cure perfect, but as yet it is impossible to decide in an absolute manner.—*Gazette des Hôpitaux.*

Another Case of Death from Chloroform, with some Interesting Observations.—In the Surgical Society of Paris M. Richerd read a report of a case of a patient having a polypus in the uterus. Death took place after the inhalation of chloroform. After the reading of the report M. Robert recommended the analysis of the blood. M. Gerdy thought that every effort should be made to substitute something for chloroform, capable of diminishing sensibility. He reported a case of a child of ten years of age, suffering from an encephaloid tumor which he excised. The anesthetic properties of chloroform were not then known. He administered to the little patient one ounce of syrup of poppies. The child, though she was not asleep, was insensible to pain. He did not even feel the actual cautery. M. Forget was of opinion that the greatest danger from the administration of chloroform arose from the impossibility of graduating the doses. On this point all Surgeons agree. He thought he could promise an aparatus which would be offered them soon, which would supply the deficiency. It is the invention of M. Duroy. This apparatus which was at first applied to animals, operates for some time in a hospital with the greatest success. It will probably prevent, from its mathematical precision, the recurrence of the misfortunes analogous to the one which has been just presented to us.—*Gazette des Hôpitaux.*

Diagnostic Signs of Congestive Amblyopia Discoverable by the aid of the Ophthalmoscope of M. Anagnostakis.—We have already in a late number called the attention of our readers to the ophthalmoscope of this gentleman. This

instrument, as may be remembered, consists of a simple small concave mirror of a diameter of an inch and a half and a focal distance of four or five inches. In the center of the mirror is a small infundebuliform opening through which the observer looks at the eye of the patient, the mirror being placed in such a manner as to throw the concentrated rays of light into the eye. We made mention in a few words of the advantages which would be derived from this instrument in the diagnosis of the diseases of the deep membranes of the eye.

Lately, M. Nélaton has had occasion to use this instrument in the diagnosis of an amaurotic affection of a doubtful character. Before stating what was seen by aid of the instrument in this case, it is necessary to make mention of the normal characteristics of the retina which are discoverable by its use.

The retina presents a redish aspect, the color deepening towards the periphery of the membrane, which is covered over with a system of blood vessels. It is only by the sight of these vessels that we are made sure that it is the retina which we are looking at. The eye being turned upwards and inwards a part of the retina is seen, which is usually round, always white, free from capillary vessels, elevated a little above the level of the rest of the membrane and slightly depressed in the center. This is recognized to be the optic nerve. A small falciform space occupies the internal portions of the periphery of this papilla. From the center of this papilla are seen emerging four vessels which take a serpentine course, two above and two below. By a little attention these vessels can be distinguished by the difference in color to be arteries and veins.

The patient examined by M. Nélaton instead of presenting the characteristics which we have described, showed the following: The retina instead of being of a uniformly red color presented here and there irregular exchymosed spots, varying in color from deep red to a deep brown. By these signs which M. Anagnostakis has observed in the greater number of amblyopics which he has examined with his instrument, M. Nélaton was enabled to confirm the diagnosis of congestive amblyopia which the rational symptoms has already led him to make and to direct a proper treatment in consequence.—*Gazette des Hôpitaux.*

The Process of Repair in Teeth.—The recent number of "*Guy's Hospital Reports.*" contains a very interesting communication by Dr. S. J. A. Salter, on the laws which regulate the formation of the "Dentine of Repair," one of the forms of what has been called secondary dentition, or that after formation by which the pulp cavity of the tooth is diminished or obliterated, after the tooth has attained a mature and adult condition.

There are three forms of secondary dentine: *Osteodentine*, in which the new tissue is arranged in systems resembling the Haversian system of bones around isolated blood vessels; the dentinal tubes radiating from each centre. It always occurs in states of irritation or inflammation of the pulp. *Dentine excrescences* are little nodules of secondary dentine, occasionally found attached to the interior of the pulp cavity of otherwise healthy teeth. *Dentine of repair* is the special subject of the paper. This deposit is thrown out within the pulp cavity, *opposite* to that part of the external surface of the tooth where a fracture or wearing of the original dentine has taken place, thus thickening the body of the tooth opposite the injured part, so that teeth which are worn down even level with the gum still present no cavity.

This process corresponds with the most beautiful exactness to the external lesion; as long as the enamel only is injured, no dentine of repair is deposited; but as soon as any of the dentine tubes are broken off or worn away on the surface of the tooth, so soon is there thrown out at their opposite extremities towards the pulp a deposit, limited with the utmost exactness to the injured tubes; not mathematically opposite, therefore, to the injured part, but *physiologically* opposite, according to the wavy course of the tubes. The dentine of repair is clear and translucent, and the part of the original dentine involved in the process becomes also more transparent than usual, in consequence of its tubules being filled up with solid matter.

Aconite as a Local Anodyne.—The comparative value of several of our local anæthetics, was well exhibited in a case recently under the care of Mr. Curling, in the London Hospital. The patient, a woman of 47, had a patch of dry gangrene on the outer side of the left foot. Its slow increase was attended with such intense pain, that for several weeks she scarcely slept at all. To obtain relief, chloroform, on lint beneath oil-silk, belladona lotion, and the solution of opium, were severally applied to the part, with, however, but very slight and temporary benefit. A liniment, consisting of equal parts of the soap liniment and of tincture of aconite, was then ordered to be used in the same manner: and so great was its efficiency, that under its influence the poor woman was frequently able to obtain a very fair night's rest. This case is only one among many in which we have seen proved the powers of aconite as a local remedy.—*Med. Times and Gazette.*

Prize for the Cure of Cholera.—The Academy of Sciences of Paris, has received a legacy, 100,000 francs, ($20,000,) left by a generous philanthropist, M. Breant, as a recompense for him who shall discover a remedy for cholera. As this is not likely to be soon awarded, it is proposed to give the interest annually for the most useful discovery connected with cholera. During the first empire, a similar sum was left for the cure of croup, which has not yet been awarded. The new legacy will only serve to swell that large sum which the Academy annually distribute in the form of prizes.—*Am. Jour. Pharmacy.*

New Mode of Administering Sulph. of Quinine.—In the Revue Médico-Chirurgicale, for September, 1853, we find a notice of an article by Dr. Bartella, on a new method of administering sulphate of quinine. This plan consists in combining with the quinine an equal quantity of tartaric acid, which has the effect of not decomposing the salt, but of rendering it more soluble, and of causing absorption to take place more readily. He gives, at a dose, three grains of disulphate of quinine, and three of tartaric acid. The dose at the commencement is from six to twelve grains of each.—*Assoc. Med. Jour.*

Lac Varnish to preserve Surgical Instruments.—Lac Varnish, to preserve iron and steel instruments from rust, may be prepared by mixing five parts of shallac varnish, made by dissolving shallac in linseed oil, with four parts of oil of turpentine.—*Charleston Med. Jour. and Review.*

Miscellaneous.

Physico Medical Society.—There has been nothing of importance in the transactions of this Society at its last two meetings.

Dr. P. C. Boyer, late a member of the editorial corps of the "New Orleans Medical News and Hospital Gazette," has turned Benedict—taken to himself a wife, and removed from the city. In consequence of this important change in life he has relinquished his editorial charge. We trust he may in his new position meet with all the success and happiness he merits, and be as well appreciated in all those good qualities which distinguish the physician and gentleman, as he was during his too short stay in this city.

CHARITY HOSPITAL.

Since our last number, the following operations have been performed: one amputation of the thigh; removal of sequestrum from inferior maxillary bone; removal of fish bone from the rectum.

The amputation was rendered necessary by an injury caused by the wheels of a locomotive. The patient's leg was completely severed at the knee joint, and the thigh so horribly lacerated as to render it almost impossible to form a flap of sound tissue. This was however accomplished. The amputation was made at the upper fourth of the thigh. The patient died soon after the operation.

The disease of the inferior maxillary bone requiring operation was necrosis the result of a fracture at the symphisis of three months' standing. A small incision sufficed to remove the dead portion, and the patient is now nearly well.

A patient entered one of the surgical wards, having swallowed a fish bone three days previously, and complaining of severe pains in the rectum, in the vicinity of the anus, increased by efforts at defecation. By the introduction of the finger, a foreign body was discovered placed crosswise, and situated about an inch and a half from the orifice of the anus. A pair of long forceps were introduced along the finger, the object seized, brought parallel with the instrument and withdrawn. It proved to be a portion of the spinous process of the vertebra of a fish, about an inch and a half long. The gentleman who operated had removed a short time previously in the same manner, and from the same place, a small dental instrument which had fallen from the handle, and been swallowed while the patient was having a tooth plugged.

A man was brought to the hospital a few days since in an insensible condition. From what could be learned, he had been wounded in the head with a slung shot, four or five days previously, at Bayou Sara. There were two wounds of the scalp, situated on each side of the position of the longitudinal sinus, over the parietal bones, one larger than the other and somewhat triangular in shape. On further examination, it was discovered that there was a fracture of the skull, at the situation of the larger wound of the scalp. The fracture was of the size of a twenty-five cent piece, circular in form, and resembled much those produced by musket balls, there being no stellated appearance at the circumference, or any further injury of bone. Lying on the dura-mater were several spiculæ of bone, which had been driven in by the instrument used. This membrane was slightly lacerated. There was a slight depression of the external plate of the skull at the situation of the wound of the other side. The patient lived two days, the left side completely paralyzed. Before death, a quantity of pus and brain, softened by inflammation escaped from the wound. The terribly effective nature of the weapon by which these injuries were produced, is very well illustrated by the above case.

A case of badly treated fracture, of one month's standing, is worthy of mention. Partial union of bone had taken place, the thigh much shortened, with much deformity. By well applied extension and counter extension, the limb has been made to correspond in length with the other, and there will be probably a perfect cure effected.

A singular malformation presented itself not long since in the case of a patient who had entered one of the medical wards of the hospital, viz: congenital displacement of the right eye. He states that he has always believed the deformity to have been the result of some accident at birth; such was the opinion of his mother. This is evidently incorrect. His face presents the following appearance: Generally well formed; left eye perfect; on the right side the palpebræ are nearly of the natural form, but slightly sunk in, with tarsal cartilages somewhat shorter than is normal and in constant contact. The palpebral fissure is on a line somewhat more elevated than that of the opposite side. The lachrymal papilla and the punctum lachymale lachymal gland, as well as the meibomian glands are perfect; no rudiment of caruncula exists. On separating the eyelids they are seen to be lined with the mucous membrane, which is perfectly natural in appearance. On introducing the finger between the palpebræ, the space usually occupied by the globe of the eye is found to be empty, the mucous membrane forming a complete cul de sac, and presenting no traces of a rudimentary organ. The finger being placed in the cavity of the orbit, and pressure being made on its

inferior surface, a round resistant body is distinctly felt, which resembles the eye in size and consistence; this is apparently covered in by a layer of adipose tissue. Pressure upon it causes no pain further than a sensation somewhat like that produced by a similar action on the healthy eye. The inferior border of the orbit can be distinctly defined, and is situated on a line at least one half an inch lower than the corresponding portion of bone of the opposite side. On making pressure between the inferior tarsal cartilage and the inferior orbital ridge, the same moveable body, felt as above mentioned, is found to roll under the fingers. The patient left the hospital cured of the disease for the treatment of which he had entered — diarrhœa.

In the medical wards, two cases of cholera have lately presented themselves. One has since died, the other seems to be doing well.

Yellow fever, of which there had been but one case at our last issue, has since shown itself, and seems to be on the increase. Subjoined we give a few brief notes of nearly all the cases which have entered the hospital:

George Mullen, a native of Ireland, has been two and a half years in America; resided in New York about one year, and has been in New Orleans ten months. He worked on a steamboat. Before being taken sick, he had been drunk for three days.

Margaretta Liebert has lived in New Orleans seven months, on Jackson street, near the depot in Lafayette, was taken sick on the 25th instant, with the usual symptoms of yellow fever — died.

Joseph King, an American, entered the Charity Hospital July 23d. He came to New Orleans on board the ship Underwriter, from New York. He continued working on the ship until the 20th, when he was taken sick. The ship was lying in the Third District, near a vessel from Havana, on board of which there were some cases of yellow fever.

William Ragan, aged 25 years, is a native of Ireland, and has been in America five years; has been working recently as a deck hand on a steamboat, and has been among the shipping a good deal. He was taken sick at the house of his friend, Mr. Barry, who resides on Marigny street, two squares from the river. He was taken sick July 22d, in the afternoon, with pain in his head and legs, nausea, and slight pain in the stomach, which symptoms continued until the 25th instant, when he came to the Charity Hospital, about 11 o'clock. He presented the following symptoms when he entered: Pain in the head, back and limbs generally; nausea and pain in the stomach, eyes injected, face flushed, pulse 120 and full, skin hot, very restless, gums very red, and tongue covered with a yellowish fur.

George Fitzgerald, aged 35 years, entered the Charity Hospital July 21st, at 8½ o'clock; stated that he had never resided in the city. Has been working on the Jackson Railroad in the piney woods. He came into the city on the 13th inst., feeling very well at the time. He stopped at the house of his friend, Mr. Stout, near the Lower Cotton Press, and has not been working on board any ship, nor with any sailors. He had drank nothing up to the 15th inst., but on that day took one or two drinks, and not more each day up to the time he was taken sick. On Thursday, the 20th of July, he was taken with a pain in the head and back, and vomiting. A physician was called, and prescribed twelve powders for him. After taking six of the powders, he commenced throwing up black vomit, and stopped taking the powders. He commenced throwing up black vomit on Friday, the 21st, and was brought to the hospital at 8½ o'clock. His condition then was — eyes yellow, face livid, breathing hurried, pulse 110, small and weak, pain in the stomach, nausea, and vomiting black, bowels open, passed urine this morning, tongue dry and red, intense thirst — died.

Manuel Perrado was taken sick with the usual symptoms of yellow fever, at the corner of Poydras street and New Levee; been sick four or five days; entered the hospital July 26th.

Charles Adams was taken sick on board towboat "Yankee," July 24th; entered the hospital 28th, with the usual symptoms of yellow fever — black vomit — died.

John Bull was taken sick on board steamer United States; entered the hospital on the 28th, with yellow fever.

Thomas Day was taken sick 25th; entered hospital on 28th; had been living at a sailor boarding house, near the Mint—yellow fever. This man had been working on board ship Underwriter—died.

Peter Becker was taken sick on St. Philip street, Monday 23d instant; entered hospital 28th; had been working among the shipping, near the old Cotton Press. Has been in this country since last August—yellow fever.

Thomas Keely was taken sick on the 25th; ceased working on 28th; entered hospital on 28th, from towboat "Anglo Norman"—yellow fever.

Frederick Manning was taken on 24th; worked until 25th; entered hospital on 28th; has been employed on board towboat "Panther"—yellow fever.

Augustus Snell was taken sick July 26th, on Front Levee street, near the old market; entered hospital 28th—yellow fever—black vomit.

———, name unknown; sick two days; entered hospital on 29th; was second steward on board steamship United States.

Besides these cases there are several others which, as they are considered doubtful, are not mentioned.

Charity Hospital Reports.—From July 14th, to July 31st, inclusive—

Admitted,	520
Discharged,	460
Died,	49

Births, 8; 2 males, 6 females.

Of the deaths 10 were from yellow fever.

We have received a copy of a new work on Pulmonary Consumption, in the form of Clinical Lectures, originally delivered at the Brompton Hospital, for consumption in 1851, by Theopilus Thompson. These lectures were published in the Lancet for that year, and from their favorable reception by the profession, the author was induced to incorporate them in the form of a volume, with some modifications. His aim seems to have been to abstain from elaborate discussions of minute researches, which, though of great interest, will probably be reserved for another generation to elaborate, and to present what is most important in the way of practical utility. It is not a complete and systematic treatise. The physical signs are not neglected, but as the elucidation of these indications is not the main object of the work, they are cursorily treated. Other manifestations of disease have received more attention, because they are practically important and have not been duly appreciated by observers. The more systematic and elaborate works are easily attainable and necessary, but a work like the one before us, as it would tend to render this branch of science more simple and more comprehensible to the student, should be in the library of every one who pursues medicine—for certainly the great majority of physicians are far from being skillful (not to apply harsher terms,) in the art of diagnosing the diseases of the chest. It cannot be denied that the inherent difficulty of the subject requiring much time, labor and patience, is sufficient to baffle the unscrupulous and slothful members of the profession, but there are additional causes given by the author, viz: Attempted refinements not authorized by existing phenomena. 2d. From the use of terms either inaccurate or not sufficiently distinctive. The first of these mistakes tends to render the art of auscultation unattainable; the second introduces confusion which is worse than ordinary error, because it is a form of error difficult to correct. Perhaps at some future time we may have sufficient space for a brief review of the work. It may be obtained at White's Book store, on Canal treet.

We have received a paper by Aldeu March, M. D., "Professor of Surgery in the Albany Medical College," read before the Medical Society of the State of New York, on "penetrating wounds of the abdomen, with puncture of the intestines; and penetrating wounds of the larynx, with their treatment; with cases for their illustration."

Also, a paper by M. Morton Dowler, of New Orleans, "on the reputed cases of yellow fever, and the so-called sanitary measures of the day.

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THERE is no class of men who, in pursuit of a livelihood, suffer the same anxiety, the same responsibility, the same fatigue, and whose services are so poorly appreciated as physicians. There are none who are so badly remunerated, or whose fees are so rarely paid cheerfully. The services rendered by a physician in January are forgotten by the patient in June; and he who, while on his sick bed, regarded his physician as the only one who could succor him, will coolly criticise his bill, and wonder how it could be so much. A man can see through his grocer's account, and remember the items as charged; the coats his tailor furnished him he knows he has worn, and must of course pay for, or he would not be considered honest; but he does not see how a physician can have the conscience to charge him fifty or a hundred dollars for services rendered him in a sickness of two or three weeks duration; he will not remember the number of visits paid him—speaks of a few calls, and either says the bill is exorbitant, or refuses to pay it at all.

This is unfortunately the conduct of but too many persons towards their physicians—persons who, by education and the position they occupy in society, are in a condition to know and to act in a manner more beseeming honest men and gentlemen.

We venture to say of the amount charged in their books by physicians in this city, there is not a third part collected, to say nothing of the number of patients they prescribe for without once making a charge; of the truth of this assertion, we have no positive proof, but as far as our own experience and that of our friends is concerned, we have every reason

to believe it well founded. Two-thirds of a man's labor unproductive! Who but the physician is thus taxed? Could the printer, shoemaker or merchant hope to prosper under like circumstances? This is too much for charity. There is no reason why physicians should be called upon to pay so large a tribute.

But this unfortunate condition of things can be remedied, and we have no doubt it ultimately will be. All that is requisite, is the adoption by physicians in this country of the system in vogue almost all over the world. Let the physician be paid when his service is rendered — when he has finished his visit. In England, France, Germany, Mexico and Cuba, it is customary to hand him his fee as soon as he has earned it, and in many cases even to pay him before he leaves his domicil. The result of this is, that his services are estimated as they should be, and he is not required to ride or walk a mile, and in the end get nothing for his pains, as is but too frequently the case here.

No man will work with a good will at his profession or occupation, whatever it may be, if there exists much doubt of his being remunerated for his labor; and whatever may be said to the contrary, by those who extol the charity of physicians, there are but few who will take as much interest in a patient, who, though able, will probably pay nothing when cured, as they would in one who handed him a fee at the completion of each visit. The comparatively poor would undoubtedly receive better care and attention if the physician were thus paid; and payment for medical services would in this manner be much less burthensome to the mechanic who earns his two or three dollars a day than if he were called upon for the whole amount at the termination of the case.

This system would not have a tendency to render physicians any less charitable, or any more unwilling to give their services gratuitously to those who were actually in need of them; on the contrary, there would be more charity done; the physician could afford it, and undoubtedly there would be a stop put to those impositions which now daily occur, by which many, under the plea of poverty, excite the physician's sympathy, secure his unpaid services, and behind his back laugh at his stupidity, and chuckle over their own shrewdness.

The adoption of this system is more imperatively necessary in this city than perhaps in any other. A large proportion of the population is entirely transient; thousands come here in the winter who form no permanent associations, who migrate from house to house — a week or two in

one, a week in another — gather whatever money they can, and are away again in the spring. Farmers, mechanics, merchants, sailors, laborers, all able to pay their physician's fee, and many as willing as able to cheat him of it. It is a duty we owe ourselves to correct this, and to adopt the only system by which we can obtain remuneration for our services.

It may be said that the adoption of this system in this city is not feasible; that there is no unanimity of purpose among physicians here; that no concerted action, with a view to their own welfare, has ever succeeded; that there have always been traitors in the camp; that, to use a homely phrase, they prefer to go on their own hook. This may all be true to a certain extent, but we are sure there is good judgment enough in the profession, this subject being sufficiently agitated and considered, to enable a proper estimate of its importance to be arrived at, and energy enough to bring it to a successful issue.

Observations on First Dentition,

AND THE ATTENTIONS WHICH CHILDREN REQUIRE.

By Jules Cartier, *Student, Charity Hospital.*

The teeth — organs which we propose to speak of in this article — are so necessary to our well being, that when impeded in their normal development, extensively diseased, or destroyed, the most serious accidents may arise. It is, therefore, of importance to give a detailed account of the manner of observing and directing the process of evolution, both natural and laborious.

Natural Evolution.— The period at which the eruption of the milk teeth (temporary teeth) takes place varies exceedingly. Examples are not unfrequent of children being born with teeth, whereas in other cases the teeth have not made their appearance until the end of the second year, and even later.

The usual order in which dentition takes place, taking into consideration that the teeth of the inferior maxilla generally make their appearance first, is as follows: From the fifth to the eighth month, the four central incis-

ors; from the seventh to the eighth month, the four lateral incisors; from the twelfth so the sixteenth month, the four first molars; from the fifteenth to the twenty-fourth, the four canines; from the twenty-fourth to the thirty-sixth month, the four second molars.

These teeth, twenty in number, are shed and replaced in the interval from the sixth to the fourteenth year.

The cutting of the milk teeth takes place almost insensibly, but is generally accompanied with local and general symptoms. The process begins by itching or irritation of the gums, which extends to the surrounding parts, and the infant is observed to rub its lips, nostrils, the angle of the eyes, and the chin; it attempts to bite anything that it may have in its hand; an abundant secretion of saliva takes place; the alveolar border thickens and becomes uneven; the child is uneasy, agitated and does not sleep; it cries, and has an intense thirst; either it takes the breast with avidity or refuses it entirely; the cheeks become alternately red and pale; the gums already more red than natural, and sometimes swollen, become flattened; the little fillet at the summit disappears, and small white spots are seen at the point where the teeth are about to make their appearance. The patient sneezes, and a cough, which at times is sufficiently prolonged to cause fatigue, is at times observed; there is a slight remittent or continued fever, and a little diarrhœa, which as well as the salivation which occurs, is always salutary; slight convulsive movements of the muscles of the face and about the eyes occur, and symptoms of vomiting, which should be watched closely, because at this period they are often indications of serious affections of the brain or of the abdominal viscera; finally, the pellicle which covers the white spots, already mentioned above, open, as if by ulceration, and the extremity of the tooth is seen, the issue of which is soon followed by the appearance of the whole crown. At this time the symptoms gradually cease, and order is reëstablished.

But this process is not always so constant and regular in its march. The symptoms enumerated above are in some children observed only during the period of cutting the molar tooth; less often when the incisors or even the canine are cutting through; in others, as above stated, they do not occur at all.

This physiological state, as it may be called, is changed to a morbid state; when there is an exaggeration of these symptoms, or an addition of others more or less serious, this is called *laborious dentition.*

Phenomena of Laborious Dentition.—The disturbances which take

place in laborious dentition, are innumerable, and may extend to every portion of the system. When there is difficulty in this process, the congestion of the gums, which is usual in dentition, gives place to decided inflammation. The tissues are tense, and of an almost violet red color, dry and shining; the slightest touch excites pain, and causes the child to give utterance to cries, the only language by which it can make known its sufferings.

The inflammation extends to the neighboring parts; the tongue, palate pharynx, lips, cheeks, eyes and the nostrils are at times closed by a viscid fluid. The fever is intense, the face tumefied, the glands of the neck and the tonsils swelled to such a degree as at times to prevent deglutition, cough somewhat convulsive, dyspnœa, frequent vomiting of coagulated milk, sometimes of bile; difficulty in passing urine, which is sometimes voided in small quantities, at others abundantly. The gums become white and covered with aphthæ, and sometime with pustules; the mouth in some cases drawn to one side, and gangrene, so justly dreaded by physicians, may take place. It often happens that the process of dentition, which we have described, having produced serious symptoms affecting the whole system, results in dangerous disorders of some of the organs most important to life, such as the brain, the lungs, the liver, the stomach and the intestines. These affections are meningitis, hydrocephalus, convulsions, simulating epilepsy and tetanus, hooping-cough, dysentery, severe diarrhœa, which varies in gravity according to its nature, constipation, meteorism colics, cholera infantum, gastro enteritis, etc. Laborious dentition is chiefly observed in children inhabiting towns, or born of unhealthy parents, whose condition has been tainted by syphilis, or who are of a scorbutic or scrofulous diathesis. These diathesis affect the development of the proper density in the teeth in the same manner as in other bones.

Causes which add fuel to the fire are, the moral affections of the nurses; their intemperance, either in drinking or in eating; their menstruating; their accidental diseases, as well as those of the new born infant; the want of healthy and substantial food in proper quantity; filth, and insufficient clothes not sufficiently protecting the body, and particularly the feet of the child against cold.

It is well to remark that difficult dentition does not prevent those suffering from it from any reigning epidemic or sporadic disease. On the contrary, children under such circumstances are much more susceptible to their influences. Any disease with which a child may be attacked during

dentition is from this circumstance rendered much more dangerous. "Diseases, then, may be followed by accidents more or less fatal, which, without this complication, would have been comparatively trifling. Small pox, under these circumstances, is extremely dangerous, and most of the children who contract the disease fall victims. For these reasons we should avoid vaccinating children during dentition, unless there be a violent epidemic of small pox."—[*D'Hue: Le Medcin des Enfants.*]

It is at the time of dentition that those diseases are developed, which up to that period had remained latent, such as rachitis, scrofula affections of the skin, and constitutional syphilis.

In fine, this dentition has this in common with other diseases which result from local irritation, that the symptoms increase at one time and diminish at another.

To first dentition and the diseases that accompany it, may be attributed a great part of the mortality which occurs in children during the first two months of their lives.

Dietetic — Physical Education.— As with a plant so with a child. The former thoughtfully cared for, exposed to air and light, becomes in time a majestic tree, while if neglected or cultivated without intelligence, it will remain stunted and unfruitful. But not to go beyond our limits, let us briefly recapitulate the hygienic laws that appertain to children — to satisfy all their wants and not allow them to contract those that are superfluous.

As simple as these two precepts may at first appear, to put them into practice requires on the part of the mother as much sagacity as devotion; for she must ascertain the cause of the cries of the little patient, which is not always easy. Thus, it will cry when thirsty, or hungry, when suffering or when it feels uncomfortable from a fold of its clothes when kept too long in the same position. It is easy to judge whether the cries are from hunger, by ascertaining the time which has elapsed since it has taken food. "We must not conclude that a child is hungry because it becomes quiet when the breast is offered it, for many children are remarkably voracious, and seem always willing to take the breast."—[*Billard: Treaties on New-born Children.*]

It is a fact well known, that voracity in children, far from being a benefit to them, is more often injurious, as the stomach is filled to repletion, and the food remains undigested. Hygienists advise that children should be accustomed from birth to have the breast given them at stated intervals

only, having care always to let them nurse more often the younger they are.

If among mothers there yet be one who still retains the detestable habit of swaddling her child, let her abandon it immediately, and restore freedom of motion to its limbs as soon as its cries are heard. This will generally quiet it. Hereafter may this indication of uneasiness suffice to make her leave the child's limbs to their natural movements; let it be kept warm in winter, but not smothered with clothes in summer.

If the fretting of the child still continues, let a general inspection of the body be made, in order to discover if its delicate skin has not been excoriated or redened by the contact of urine or fœcal matter; for in many cases, from the carelessness of the nurse, painful sores occur which give rise to the tears of the little patient. In order to examine it well, it should be stripped of all clothing, and the axilla, groins and inside of the thighs inspected. If it still continue to cry, and there is no external wound or sore visible, the breast will generally quiet it; that is if there be no derangement of the stomach or intestines, or other internal affection, the care of searching for which should be confided to the intelligent physician, and not to ignorant old women.

Directions should be given to the nurse to abstain from fermented liquors, and to be moderate in the use of coffee. Care should be taken that children have sufficient rest and sleep, which should be on no account disturbed. They should be guarded against all causes of disease, particularly from the inclemency of the seasons and from filthy clothing. Among the excellent precepts contained in the *Memoire on the Physical Education of Children*, by Dr. Ratier, we notice the following: "The clothing of children should be sufficient to protect them from the cold, so fashioned as to produce no pressure on any portion of the body, and be sufficient in quantity to permit of their being changed often, and not to be so costly as to prevent children from engaging in exercises and amusements suited to their age." If it is deemed proper to give them a head dress, it should neither be warm nor heavy. The bowels should be kept open, and warm nourishment and easy digestion should be furnished to them.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. XII.

Mucous tubercles or *papules muqueuses* generally spring up in those regions which are in the vicinity of mucous membranes, and bathed with an abundant follicular secretion, as for instance the anus, the genito-crural fossa, the labiæ majoræ in women, the umbilicus, the scrotum, the lips, cheeks, etc. Mucous papules never yield any inoculable pus; they do not give rise to any neighboring adenitis; they consist of a hypertrophied engorgement of the papillæ of the skin, and are susceptible of cure by a specific treatment; whereas such treatment is found powerless in destroying cauliflower excrescences, which may be considered as epithelial tumors. Mercury always cures the first, and never affects the latter. Mucous papules are much oftener observed in lymphatic constitutions, particularly in women and children, and acrid secretions, want of cleanliness, the contact of surfaces habitually moist, are singularly favorable to their development. The use of the pipe, and particularly pipes with short stems, favors their appearance in the mouth.

It is not very uncommon to observe these mucous tubercules, either confluent or isolated, as the only intimation we have of constitutional syphilis; but they are generally accompanied by some other eruption, either exanthematous, papular or squammous, of which eruptions they are only modifications, owing to the seat which they occupy.

In the beginning the affection will vary according to its situation; usually of a more or less circular form, it presents a slight elevation or tumor, rather elastic than hard, more or less elevated above the surface of the skin. At first it is pale, but exposed from its situation to friction, it becomes of a violent tint, having the appearance of a mucous membrane, presenting erosions or perhaps ulcerated surface. It secretes an acrid matter, which causes and maintains great local irritation, and is of a very offensive odor. The mucous tubercle may be isolated, but frequently they occur in groups and constitute what I have denominated *plaques muqueuses.* Many persons believe that the secretions of mucous tubercles are inoculable. The fact that two parts which come into contact, as for the scrotum

and thigh, has been brought forward to prove this position. Of the fact there can be no doubt, as it happens in the vulva, scrotum or thighs, but about the explanation we disagree. The same cause which determines condylomata to one side will do in the other.

By inattention to cleanliness, this disease has a tendency to extend, but when care is taken to wash the parts, and prevent the accumulation of the secretions, the affection will remain stationary. Under proper treatment, this disease rapidly gets well, but when left to itself it becomes indolent, and it seems to have a little tendency to superficial excoriation.

When cicatrization has taken place, for a long time after, a livid or copper colored spot remains, and affords the only vestige of the disease.

Such is the course and termination of an ordinary mucous tubercle, but it often presents varieties. As we have already stated, it may begin on any point of the body which has been the seat of chancre, and which is moistened and irritated by the secretions of the part. This transformation is often witnessed at the base of the penis and scrotum. This we call a change of *chancre in situ* into mucous tubercle. It appears likewise that a chancre on one part of its surface may be converted into a mucous tubercle, while the other may continue to secrete the virus. These circumstances probably have also led to the notion that mucous papules were contagious, but I have satisfactorily proved that, unless under these circumstances, mucous tubercles can never be transmitted from one person to the other.

The treatment of this affection is simple, and although cleanliness and the internal administration of mercury will often alone suffice, still the following local application will greatly enhance its cure. The affected regions should be bathed twice a day with a solution of equal parts of the chloride of soda and water; then the parts should be well dried and calomel sprinkled upon them, and dry lint kept over the excoriated surface.

In other regions than those spoken of above, the papulæ are hard, dry, elevated over the surface of the skin, and are grouped in clusters, or disseminated irregularly here and there; it is this form of papulæ which has received the name of *lichen*. At the commencement they are rosy, but gradually assume the coppery hue.

Papulæ, like the exanthemata, may appear on the skin without giving rise to any general disturbance; often, however, the general health is seen to suffer, and premonitory symptoms, peculiar to all manifestations of secondary syphilis, precede the eruptions.

This form of syphilitic lichen makes its appearance sometimes very rapidly after the infecting chancre, or even during its existence, and may sometimes pass unnoticed. It may occupy the whole body, or be limited to certain regions.

At other times it progresses less rapidly; the papulæ are then larger and of a darker hue, and make their appearance in preference on the scalp, face or back.

The lichen above described may become dry at its summit, scales may form, fall off, and be reproduced, and give it the appearance of psoriasis. This appearance has given rise to the division *squammæ*, but which we believe to be no other than the drying and exfoliation of the epidermis and reproduction of little silvery scales on the papules.

This eruption may make its appearance at distinct intervals during an attack of constitutional infection, and persist sometimes and defy all medication, whilst at other times it disappears rapidly under the influence of a well directed treatment.

The prognosis of this affection varies according to the length of time in which it makes its appearance for the worst cases are always those which appear late.

The local treatment of these cases should consist at first in warm baths, to which an addition of corrosive sublimate, or the sulphuret of potash is attended with the best results. The specific treatment as will be detailed hereafter, must also be used.

To this eruption succeeds an other, more chronic in its nature, and which we class among the squammæ. Psoriasis and lepra constitute this variety.

In the first variety (*psoriasis*) the blotches are either limited to one region or disseminated over different regions of the body; they vary in size from the extent of a pea to that of a twenty-five cent piece. When the scales which cover them fall off, their surface is smooth, and of a livid hue.

During the progress of this form of disease, the complaint may attack the palms of the hands and the soles of the feet, which has been called psoriasis palmaris. A hard corn about the size of a split pea is felt, which presents a copper color; the thickened cuticule now becomes little cracked, and desquamation follows; if the disease is allowed to proceed unchecked, the delicate and unprotected cutis cracks, crevices form, which become very painful, and considerable irritation follows when any acrid substance comes in contact with them; in fact, the palm of the hand becomes so horny, that the patient is in part prevented from making use of it.

In the second variety (*lepra*) the papulæ are circular, varing from two lines to half an inch in diameter, and are of a dark copper color; the base of the papule becomes scaly, the centre or apex remaining in a natural condition; the result is, that a circle is formed of these little scales surrounding the healthy skin, and also surrounded by it, and this circle is somewhat prominent from a slight swelling of the dermis which secretes the scales. This scaly state of the diseased skin is very often exceedingly rebellious, remaining for a long time stationary; the progress of the *circles* deserves however particular attention; as they extend at their circumference the centre heals; thus the circle enlarges until it has reached the size often of a frane; the regularity of the circle is often interrupted by the fusion of a second one, and thus two become united, forming a figure of 8, 3 or 5. When they are about to get well, the scales fall off, and instead of the white scaly surface, the circle is only to be distinguished by the difference in color of skin, which after a lapse of time assumes all its healthy character.

The local treatment of these cases should consist in medicated baths, as mentioned above. The tar ointment has been recommended, and I believe to some advantage.

The principal reliance, however, should be placed on mercurial fumigations, which, when properly administered, effect a speedy cure. The following is the best mode of applying these fumigations:

The patient being undressed is seated naked in a large box, his head being the only part exposed. The box is heated by a furnace, on which the bisulphuret of mercury is placed, in proportions of three drachms for one vapor bath. The intense heat applied soon volatilizes the mercury, which quickly fills the well-closed box with a leaden-colored vapor that condenses on the body of the patient, who is exposed to its influence for twenty minutes. The box is then opened, and the surface of the body is gently wiped, the patient well covered and placed in bed, where he soon perspires freely. After an hour has elapsed, the patient should be well rubbed down. To this treatment I have seen yield some of the most rebellious forms of secondary syphilis.

[*To be continued in following numbers.*]

Observations on Convulsions in Children and Epilepsy:

By Warren Stone, M. D., *Professor of Surgery, University of La.*

[Continued from last Number.]

In the last number of the Gazette, in my observations upon convulsions of children, I mentioned the similarity in the nature of many functional disturbances of the nervous system. There is, evidently, a peculiar diathesis, or condition of the nervous system, in which a local irritation, or a slight disturbing cause, develops the disease, and the tendency in all cases is to become periodical. It is impossible to demonstrate the nature of any of the functional diseases of the nervous system; but we can study their phenomena and the laws that govern them, and learn in a great measure to control them, which is the main object. I mentioned that in children subject to convulsions the convulsions were preceded by a series of disturbances, such as nervous excitement, morbid appetite, disturbance of the bowels, etc., ending in indigestion and convulsions. The indigestion in these cases is looked upon as the cause of the convulsions, when the truth probably is that all the preceding disturbances are the result of this peculiar diathesis, and as much a part of the disease as the diarrhœa preceding the collapse is a part of cholera. It is the same with epilepsy; for, although the paroxysm is sudden and without much warning to the patient, yet the attack is always preceded by certain disturbance, which may differ in different cases, but can be detected by careful observation, and means adopted to break up the train of disturbances, and prevent the final catastrophe. Who is not familiar with cases of chronic or constitutional intermittent fever? The patient may in the main enjoy very good health, but every two or three weeks, or a month, or perhaps at longer intervals, a paroxysm of chill and fever occurs often in consequence of imprudence, but frequently without any apparent cause.

These paroxysms are preceded by a series of changes, which are a sufficient warning to the patient, and the paroxysm may be easily warded off; but how few will do it unless urged and importuned. In many cases there would be but a single paroxysm without the use of medicine, and the patient may enjoy his usual health for weeks. Those who give potent remedies to break up these paroxysms fail; but those who continue the use of appropriate tonics, (such as tend to give tone to the nervous system,) during the intervals of the paroxysm, and watch for the premonitories of a return and prevent it, will easily succeed. Any permanent

local irritation, (particularly of a vital organ,) tends strongly to perpetuate these paroxysms, and each return tends to confirm the periodic habit and aggravate the local difficulty. There is a strong similarity between this and epilepsy. There is a peculiar state of the nervous system which gives rise to various disturbances in either case, which terminate in a paroxysm more or less violent. These premonitory disturbances can be detected, and the paroxysm in general warded off by gentle means, or it may be necessary to resort to strong perturbating means as the period for the paroxysm approaches. I think the error in the treatment of epilepsy is generally in relying too much upon potent remedies and neglecting the many small things which in aggregate amount to more than any one remedy that can be brought to bear. We know that small causes produce it, and it is fair to infer that small agents, if rightly applied, may ward it off. A blow upon the head, uterine disturbances, or even sympathy may excite it in those laboring under the diathesis, and repetition tends to confirm the habit. Many of the causes are in the power of the patient to control, if he can bring to his aid anything like self government. All epilepties are excitable, often passionate, and often have morbid propensities which they are disposed to yield to, and unfortunately these subjects require a vast deal of schooling to give them a moral control over themselves; but if it can be effected, it is often sufficient to effect a cure. I met a gentleman a few evenings since, in fine health, who many years ago suffered much from epilepsy, which he had had since quite a child. He was very irritable and passionate, particularly at the approach of the paroxysm, and disposed to give way to his propensities and commit excesses. I succeeded in persuading him to adopt a strict system of living in everything, and avoiding all sources of irritation possible, and he became in a short time quite a philosopher — took merely some alteratives and a preparation of iron, and has not had a paroxysm for fifteen years. Slight local irritation will sometimes cause it. In 1837, I treated a patient for tertiary syphilis; he had a soft node on the frontal bone, which was absorbed under treatment, and left a depression. In 1841, I was called to the same patient in consultation; he had been laboring under epilepsy for near two years; it had become confirmed, and regularly periodic, and as remedies failed his physician advised the removal of the apparently depressed bone. I recognized the patient, felt sure that there had been absorption of bone instead of depression, and expected no relief from an operation. The patient, however, was urgent, and having seen cases of internal ostitis of the cranial bones, and believing the patient would run but little risk, I applied a large trephine and removed the bone. Upon examination, the absorption

had extended through both tables of the bone, and the dura mater appeared a little thickened, merely, and I expected no relief. I was, however, agreeably disappointed, for he had a slight spasm in the evening, which did not return, and the patient from being nervous and irritable and unable to labor for the support of his family, became robust and cheerful. I had lost sight of him for several years, when last winter he presented himself to me again. He said that the place from which the bone was removed remained soft until about a year previous, when ossification took place, and a sense of giddiness came on at first, and finally ended in a return of the disease, which returned every week. I applied a trephine upon the borders of the old space, removed a section of bone, and with an elevator raised the new formed bone a little without removing it, and he expressed himself entirely relieved. Previous to the operation, if he bent his head forward or backward, or made any sudden motion, he said he felt as if he would fall, but the moment the operation was completed, all these feelings vanished, and he could use his head as he pleased. I put him upon small doses of sulphate of zinc and hyosciamus, and after remaining with me over the period of two paroxysms without any symptoms, he left, and I heard some time after, that he continued well. This shows what a trifling cause may produce the disease, and what a trifling relief may effect a cure which ought to encourage us to carefully seek for local causes and place reliance upon what may appear to be trifles. I have operated upon several others where there was decided depression, and always with relief, in a great measure, to the disagreeable sensations about the head, but the general excitable condition has continued and require careful treatment, under which two cases gradually recovered. When epilepsy follows blows, upon the head, I am inclined to think it is from internal ostitis, as I have seen it accompany inflammation of the inner table, where it has taken place spontaneously, or from a venereal cause. This subject of internal ostitis of the cranial bones deserves separate mention, as it is the cause of many painful affections as well as epilepsy. There was an article in the "London Lancet," two or three years since, on this subject, but the author, I think, improperly attributed it to the use of mercury, and confined his treatment to the use of iodide of potash. It matters not if mercury has been improperly used at an improper time, when a certain state of the parts is brought about, (a chronic or subacute ostitis and periostitis,) mercury is as much the remedy as if the same state was arrived at by any other means. Every one of observation knows how much more decided are the effects of the salts of iodine when the system is greatly under the influence of mercury. I have warred faithfully against the use of mercury

in all our fevers that have no anatomical character, but I will venture to say that no one will ever regret the gentle use of it in chronic inflammation, or the use of a full sedative dose in an acute phlegmonous inflammation; these are exceptions, of course, as there are to all human rules.

It has appeared to me that in epilepsy there is always some local difficulty in connection with the peculiar diathesis and that we may look for the local difficulty either in the stomach, head, or organs of generation. In those cases that occur in early life it will generally be found that there is great disturbance or inequality of the functions of the stomach, and that these disturbances are paroxysmal and precede the epileptic paroxysm, giving a fair warning and an oportunity to ward it off. When it occurs later in life, after the vices of humanity begin to tell, we will often find local difficulties about the head, either from injury or ostitis, from some cause; and when it occurs in young subjects from the age of puberty and some years older, we will not often be wrong, if we attribute it to masturbation or to some irritation of the sexual organs. It is not my purpose to enter minutely into the treatment, as I have no new remedy, but merely to urge the importance of attending to the local causes and to the moral management. A case that has been brought about by moral depravity is hopeless, unless he can be aroused to a proper sense of duty, and can establish a manly control over himself. This looks like a hopeless task in many instances, but half the care and perseverance that is used with the insane would effect it in most cases, and I have often thought that an asylum for the purpose of teaching self government might be vastly useful. The paroxysms no doubt may be warded off in many cases by large doses of quinine. Chloroform may be relied on for the time, and we gain much by interrupting the regular paroxysm. In the interval we should pursue such a course as the local and general condition calls for. For the general condition, gentle tonics and strict regularity in every thing. When the disease has been brought about by masturbation I think I have found more benefit from the long use of strychnine, in such doses as can be borne without sensible effect. It is remarkable how susceptible these subjects are to its effects. A twentieth of a grain in solution will often produce severe giddiness in a few minutes, showing the extreme mobility of the nervous system.

Excerpta.

On the Nature and Treatment of Bilious Colic.—M. Andral has given it as his opinion long ago, that bilious colic often consisted of neuralgia of the hepatic plexus. M. Beau has arrived at the same conclusion, and made some remarks on the subject which we think may be useful. They were suggested to him by the symptoms of a patient who entered his ward on the 9th of last April. This woman, a servant 27 years of age, complained of severe attacks of pain, of frequent occurrence, the first which she felt was five years since.

These pains had their seat in the right hypocondrium; they were very severe, lancinating, sometimes intolerable, and radiating from the epigastrium to the umbilicus and towards the right breast. Great nausea and bilious vomiting soon followed the first symptom. It is needless to state that there was extreme prostration and a feeling of suffocation. The patient noticed that her attacks were of two kinds, which is the case in many nervous diseases. Some she could bear with some equanimity, but others were so horribly painful, that she never alludes to them without a manifestation of dread and despair. Their occurrence sometimes takes place every eight days with more or less frequency; they last generally about an hour, sometimes more, sometimes less. On one occasion, the pains, though quite severe, lasted for eight days.

It is not always easy, says M. Beau, to distinguish bilious colic and nephritic colic. If we have the symptom *jaundice* added to the symptom *pain*, such as we have described, we would have a strong indication that the seat of the disease is the liver. This is precisely what took place five years ago, when she had the first attack, which was more severe than all those which happened subsequently. It was followed by symptoms of great uneasiness and jaundice, which lasted for fifteen days. But a most remarkable fact is, that the jaundiced hue has never appeared since.

There is another most important sign, since its existence at the time of the attack and sometimes soon after, is sufficient to establish the diagnosis; this sign is the pain produced in the hepatic region by percussion, pressure or even by simple contact of the finger on the abdomen. Thus proceeding to investigate this symptom in his patient, M. Beau detects it in the most conclusive manner, although there has been no pain since morning, and there exists no more spontaneous pain. Percussion over the region of the liver posteriorly being made, the patient gave the same indications of pain as she manifested when it was made over the anterior portion of the chest.

Let us now study the causes of this disease. The majority of physicians are of opinion that bilious colic originates from calculi. It is true that bilious concretions are rarely found, which is explained by the assertion that the calculi are dissolved in the stools. This explanation is convenient, but not founded on any proof. M. Chomel even mentions that in forty individuals with this colic, the existence of these calculi could not be detected in one single case; yet he admits the calculus theory; he supposes that one or more of these calculi, ordinarily enclosed in the gall-bladder, show themselves occasionally at the orifice of the cystic duct, or at that of the ductus communis choledochus, and close them entirely or incompletely; he places the calculus in the narrowest portion, and infers that its roughness or elevations against the walls of these biliary ducts, produces so much irritation, and thus instantly give rise to those terrible pains. When this calculus gets back into the gall-bladder, or is evacuated into the intestines, the tempest ceases, and the calm follows until another calculus advances to give to the same painful results. M. Beau will not admit the correctness of these views. He does not deny, that in some rare instances the bilious colic may arise

from calculi, but considers them infinitely more rare than they are generally considered. In his opinion, the patient has neuralgia, or *hepatalgia*, a neuralgia which may arise from various causes; it is often of a rheumatic nature, and may be caused by cold, as sciatica, etc. This is precisely what happened in this case. She had always been in perfect health, had never felt the slightest pain, or any oppression in the right hypocondrium, when she was seized with the pains to which she is still a victim, *the day after taking a cold bath* in the river; she remained in the water a long while, and came out of it, to use her own expression, of a violet color and chilled. It is certainly easier to find a cause for the neuralgia in this case than the cause of calculi formed suddenly, which might explain the colic. The nervous irritability having been once contracted by the liver, the least cause will excite it and give rise to a new attack, as is seen in a number of other diseases.

Among the *ingesta*, there are many that may produce this affection, or at least bring on the attacks. This influence may be understood when we reflect that many articles of diet are almost immediately transferred from the stomach to the liver by means of the vena-portarum. Acids, wine, fruits, copaiba, have brought on the attacks. At other times, they are caused by fatty substances, oils, otherwise called flatulent food. On interrogating the patient on the subject, she said that certain vegetables, as beans, cabbage, would give rise to the colic. She is besides somewhat dyspeptic. When she eats these vegetables, she is so flatulent that she cannot wear her ordinary clothes. On one occasion, hoping to find some remedy, she took some broth in which she poured wine: a few minutes afterwards she was seized with unusually violent symptoms. Fruits have often in like manner disagreed with her. She has never seen any calculi in her stools.

In fine, M. Beau comes to the following conclusions: The disease which is generally considered as bilious colic from calculi, is in the majority of cases nothing more than neuralgia of the liver. This colic may have for its origin gall-stones, but it is very rare. It has for its cause much more frequently rheumatism, owing to exposure to cold and dampness, or certain articles of food, or even to a retrocession of gout.

As to the treatment M. Beau recommends particularly the vichy waters, which in *washing* the liver and changing its mode of nutrition, will effect a cure, or at least a great amelioration in the patient's condition.—*La Presse Medicale.*

Gunshot Wound inflicted by the Minie Rifle.—Mr. Tufnell communicated to the Surgical Society of Ireland, (March 11, 1854,) the particulars of a case, which, he said, was at present of a rare occurrence, but one he feared that was likely before long to become very common indeed. Its rarity just now, however, must make it interesting to the surgical profession, and for that reason he was induced to bring it under the notice of the Surgical Society.

The cast, which lay on the table, was taken from the foot of a boy, ætat. 16, who was accidentally wounded by a shot from a Minie rifle, while the troops were practising at the Pigeon House, on the 25th of July last, and admitted into the City of Dublin Hospital the same day. The case was useful in showing the great difference between a wound inflicted by a conical piece of lead, as propelled from a Minie rifle, and the round bullet fired from a musket. The nature of the injury was represented by the cast before the Society. There was a small semilunar split in the integument on the dorsum of the foot, situated over the centre of the metatarsal bone of the little toe, about a quarter of an inch in length, giving an appearance as if the ball had glanced across it, and superficially cut the skin. There was none of the appearance of a gunshot wound, there was no contusion, nor were the edges inverted. The ball passed downwards, fracturing the fourth metatarsal bone, and lodging itself deeply in the sole of the foot, yet leaving no trace of its passage beyond the most trifling slit in the skin, and that so oblique that a probe would not follow the track. It was impossible to discover the position of the ball on admission, and for seven or eight days from the receipt of the injury, no inflammatory action followed. The boy then got out of bed, and walked upon the wounded foot, the consequence of which was that inflammation

commenced in the part, and tumefaction of the sole followed. He (Mr. Tufnell) then cut through the centre of the foot and removed the ball, which was lying on its long axis, close up under the metatarsal bone of the great toe. This ball weighed twelve drachms, the weight of the ordinary musket ball being only eight drachms, making a difference between them of half an ounce. As to the fracturing of the fourth metatarsal bone in this case, there was no doubt about it, for he now exhibited a portion of the metatarsal bone which he extracted along with the ball. If the members present would take the trouble to examine the two balls before them, one of which has been fired and the other not, they would perceive a vast difference in them. The hollow iron cup in the one unfired, lay barely on a level with the base of the cone, whilst in the one which had been fired, it was sunk deeply into the lead. This cup acted as a kind of wedge, and drove it more forcibly on. He found that the charge of gunpowder employed to propel a ball of twelve drachms from a Minie rifle was seventy-five grains; whereas in the ordinary musket seventy grains were used for a ball of only eight drachms. On examining samples of the gunpowder employed, however, he found there was a great difference between them. That used for the Minie rifle was much harder and more highly glazed than the other, and being, therefore, a much finer description of powder, a smaller charge would perhaps be required than of the ordinary powder. The weapon now supplying to the army was a very superior arm to the musket. A soldier with it can fire with the greatest precision at six hundred yards, whilst with the ordinary musket he could not shoot with precision at more than two hundred yards. A man supplied with a Minie rifle had therefore an immense advantage over one armed only with the common musket, and there was every reason to anticipate that the injuries inflicted by the former would be more severe and dangerous than those caused by the latter. He did not imagine that a shot from a Minie rifle would make a revolution round the body, as happened so often with the old musket ball. His impression was, that if a Minie shot struck with force against the cartilage of the ribs, it would go directly through the body, and transfix a man like an arrow, instead of passing round and escaping behind at the back. No later than that day, he saw a case illustrative of the latter, which was produced in the follwing manner: A deserter, observing that the escort in charge of him were drunk, attempted to escape. Two or three of the soldiers pursued and caught him; one man very drunk run up, and although the others held him securely, fired his musket into him; the ball struck upon a rib, ran round to the spine, and got exit there. That man would probably recover; but if it had been a Minie ball that was fired at him, he would assuredly have been killed.—*Dublin Medical Press.*

Description of the Autoplastic Proceeding employed by M. Proffessor Nelaton, for the Cure of Epispadias—Application of the Proceeding to a Case of Extroversion of the Bladder.—The first patient upon whom M. Nélaton operated for this most distressing malady, was a Swede, aged 20, who came to the *Hôpital des Cliniques* the early part of 1852. He suffered more than usual in consequence of polyuria, which had reached such an extent that he voided twelve to fifteen pints of urine daily. An attempt had been made to relieve him of his deformity by an ordinary autoplastic operation, at Stockholm. In consequence of its failure, he came to Paris, where he put himself under the care of M. Nélaton.

The separation of the two corpora-cavernosa, left upon the upper surface of the penis a shallow urethral gutter, covered with a highly sensitive mucous membrane, and terminating posteriorly in a rounded funnel, on a level with the lower border of the subpubic ligament. The pubic bones were one inch apart. At the bottom of the funnel, but very deep, was the urethro-vesical orifice. The patient wore a special apparatus, during the day, to catch the urine as it flowed; and at night-time he was obliged to lie in what might be termed a urinal. A funnel left the middle of this reservoir to pass through the mattress, and open into a vessel placed on the ground. The miseries usually endured by the unfortunate subjects of this deformity were greatly aggravated in this case.

M. Nélaton performed the following operation: A quadrilateral flap, the width of the penis, and rather longer than the organ, was formed at the expense of the skin of the abdomen immediately above the urethral infundibulum; it was dissected off so as to leave attached only its inferior border, a broad pedicle which corresponded with the interpubic ligament. It was a large cutaneous flap, which the surgeon was about to bring down upon the urethral gutter to close it. The next step consisted in fixing its borders to the sides of the gutter.

Upon the superior surface of the penis, at the union of the integument with the shallow open urethra, M. Nélaton made, on either side, a longitudinal incision, extending to the base of the glans. Two short, transversal incisions at the extremeties of the preceding enabled him to dissect back flaps, a third of an inch broad, destined to overlay and hold in place the large piece of integument brought down from the abdomen by raw surfaces, which would, of course, correspond with the raw surface of the abdominal flap.

When the abdominal flap was brought down upon the penis in such a manner that its cutaneous surface corresponded on either side to the surfaces whence the skin of the penis had been dissected, its raw surface, become anterior, was covered in its turn by the two lateral flaps, which, however, were not sufficiently wide to be quite brought together. To avoid all dragging on the sutures, two longitudinal incisions were made along the inferior surface of the penis, by which locomotion of the integument was permitted, and the two lateral flaps were completely and easily drawn together. This was effected by three pins, as in hare-lip, through the integument. The results were satisfactory. The sutures were removed at the end of three days; the flaps separated a little, but granulations sprang up, and cicatrization went on uninterruptedly. At the end of a month, the urethra was found completely closed, but it was large enough to admit the finger. To produce contraction of the canal, M. Nélaton employed repeated cauterizations; the heated instrument was applied to the flap of the new skin, care being taken to avoid touching the mucous membrane. When the eschars were about to separate, at the end of the eighth and tenth day, M. Nélaton made an incision along the integuments of the penis to favor contraction of the canal, and thus a state of parts was produced of which the following is the description: The young man still suffers from polyuria, but he can hold his urine, 1. When he is in bed; 2. When he is seated; 3. When he is upright, but making no effort. When he walks, he usually wears a caoutchouc apparatus, which fits on to the penis and receives all the urine. A tube descends within the pantaloon, to the inner malleolus, where a stop-cock enables him, from time to time, to get rid of the excretion without annoyance. M. Nélaton thinks that yet greater advantage might be gained by further cauterizations. The patient, indeed, was desirous of the trial, but his chest was weak, and he was recommended to take a journey through Italy. In 1852, a young country lad was brought to M. Nélaton with an arrest of development similar to that described in the person of the Swede. The epispadias produced a yet more deplorable result, for, without apparatus either day or night, he emitted a most insupportable odor, while a sort of savage timidity showed the want of attention to which he had been accustomed from birth.

As in the preceding case, an abdominal flap was brought down; similar incisions were made upon the penis; but in order effectually to cover the upper raw surface of the abdominal flap, it was necessary to bring up integument from the scrotum. A band of skin was therefore circumscribed by two incisions, one superior and concave above, passing along the peno scrotal groove to a level with the dorsal surface of the penis; a second inferior, concentric to the first, and of course longer. The bistoury readily detached the skin from the subcutaneous parts, leaving it attached by its two extremeties; the penis was then slipped under it, or, in other words, it was brought to the upper surface of the organ, and applied to the raw surface of the abdominal flap.

The result was satisfactory. The patient was five months at the Clinique. Not only did he hold his water both lying and sitting, but even in walking about the wards he did not wet his dress, and he left without any apparatus.

Pierre Lecot, aged 24, a natural son, was admitted into the Hôpital St. Louis, Sept. 1, 1853, under M. Professor Denonvilliers. For a year he had quitted his

village without resources, friends, or family, to earn a precarious subsistence. The bladder surmounting an epispadiac penis presented an opening rather less than two inches wide and one long. The vesical mucous membrane was most sensitive, and when the patient was ill, poured forth a catarrho-purulent secretion.

October 25.— The patient having been rendered unconscious, an abdominal flap of square form was circumscribed and dissected off. It was of sufficient size, when brought down, that its superior border, then become inferior, should reach the line of union of the bladder and urethra. Then the anterior part of the scrotum was dissected off as in the preceding case. A superior incision, commencing at the point of union of the right side of the scrotum with the lateral part of the vesical surface, was continued downwards under the penis to the left side; a second incision involved the inferior border of the front of the scrotum. Thus the opening of the bladder was first covered by the abdominal flap; and then the raw surface of the latter, become anterior, was covered by the raw surface of a flap of scrotum, attached by its two extremeties, and slipped from below over the penis.

For the first three days the patient suffered from nervous fever, which passed away without unpleasant results; but on November 1 he passed a bad night, the tongue became dry; frequent vomiting supervened. During the day symptoms of peritonitis came on, and November 3 he died. At the autopsy, the usual signs of previous peritonitis were found. The scrotal and abdominal flaps were so firmly united that there was some difficulty in effecting a separation.

Iodine in Phthisis — Vapors of.— (Condensed from Journal de Médecine et de Chirug. Pratiques.) — M. Piorry, pursing the researches of M. Chartroule upon the effects of the inspiration of the vapors of iodine in phthisis, unites his testimony to its favorable influence. M. Chartroule, who followed his service at La Charité, proposed the giving it in the shape of cigarettes, as is done in the case of stramonium. M. Piorry, following a different plan, places two drachms in a vessel with a wide mouth — the fumes are disengaged. When the tincture of iodine is employed it is made to vaporize by heat. One full inspiration at a time is practiced, repeating it from one to two hundred times a day, notwithstanding the irritation it induces. Even during sleep the patient is made to respire it by placing near his head three or four saucers containing each one gramme of iodine. The vaporization is often such as to color the curtains.

M. P. in furnishing a resume of thirty-two cases of phthisis, presented drawings indicating the changes which occurred. It does not appear that all were treated with iodine; but the following figures were given: Four died with or without positive amelioration; in twenty-one there was marked amelioration; and in seven the anotomical character of phthisis had entirely disappeared with the accidents of the disease.

These observations have induced M. P. to believe that iodine is destined to render great service in the treatment of phthisis, even when the tubercles are softened and the existence of caverns is plainly determined.— *Charleston Medical Journal and Review.*

Precocious Developement of the Sexual System in a young Child — *by Charles Wilson, M. D.*—Mary Ann G. born in the month of March, 1845. At birth her mammæ were as large as a chicken's egg; they increased in size rapidly, and when she was five months old they were as large as they are generally at the age of puberty, About this time the mother noticed that the clothes of the child were spotted with blood, and she was able to ascertain that this blood came from the genital organs. This menstruation lasted two days. Once during the following five months the discharge appeared and lasted three days; then it took place every three months, until she was four years old, at which time she did not have the discharge at the usual period.

The child suffered and was a victim to the pains of women who labor under amenorrhoea. She took various remedies; the menstruation appeared then every seven months, and at each time lasted five days, for several years, when I was

called in to remedy another suppression. The child, six years of age, was so timid that her mother told me that she could not prevail on her to come to me. I insisted on the necessity of seeing and examining her. Her father conducted me into the room where she was sleeping. She was rather larger in size than usual at her age, but rather fat and stout. Her mammæ were those of an adult female well developed. He told me that at first she was proud of her attractions, but of late she had become serious and could not bear to hear the subject mentioned or alluded to. The pubis was covered with black hairs and she had all the appearances of a girl after the age of puberty. Her father had never noticed that she had any predilection for the other sex. I prescribed for the child and never saw her again, for her father soon moved from the county.—*Med. Examiner.*

Iodide of Zinc in Venereal Affections.—*By Dr. Sewell.*—Dr. S. C. Sewell, of Canada, writes as follows in the Montreal Medical Chronicle respecting the use of iodide of zinc in his practice:

"Its value in reducing enlargement of the tonsils is now pretty generally acknowledged by the profession, and I have used it in several cases with satisfactory results. I had a case of venereal ulceration of the throat which resisted the acid pernitrate of mercury. As an experiment I employed the iodide of zinc with immediate improvement, followed by a speedy cure. Since that I have used it in several cases of venereal ulcers, both of the throat and nose, with like success. Since 1837, I have used chiefly the acid pernitrate of mercury (Ricord's formula,) in such cases, and am, therefore, competent to form a comparative estimate of their value, and I give the preference to iodide of zinc. To apply it, twist a little cotton wool round the point of a wooden skewer, and having dipt it in the caustic, apply it to the ulcer. One application usually suffices to destroy the morbid action, and it is to be followed up with metalic washes for the throat, and dilute citrine ointment for the nose."—*Boston Med. Journal.*

Prurigo Formicans (Willan) of the Anus and of the Vulva—*A Specific, discovered by Dr. Richard, of Soissons.*—This disease is very common and tenacious; it generally resists for years any treatment heretofore proposed. Since it is very painful, nay, intolerable, it is important that a *specific treatment* should be made known; never has the word been more justly applied than in the present instance, since it operates, as it were, by enchantment, from the first day of its employment, and completely overcomes this cruel itching sensation. The patient is no longer disturbed at night, and wakes up in the morning astonished at not having been awakened by this cruel affliction; but the following solution must, nevertheless, be continued for some time on account of the frequent relapses: take sulphate of zinc and alum, of each an equal quantity, reduce them to a coarse powder, and place them into a glazed earthen plate; submit this vessel to the action of a slow fire until effervescence ceases and the powders have acquired the consistence of a stone; take it from the fire and reduce this hard substance to an impalpable powder, and throw small quantities into a pint of boiling water, to avoid too much effervescence, until half an ounce has been added; then filter it through a grey paper and keep it for use. Wash the affected parts morning and night with a small sponge impregnated with this solution. Then if it be the anus that is diseased wet a small piece of folded linen with the solution, and introduce one of the angles into the anus; after a stool the parts should be carefully washed and the linen reapplied. The same dressing is to be used for the vulva.—*Union Medicale.*

Cod Liver Oil—New Mode of Administering it—*by M. Sauvan.*—The cod liver oil is so precious a remedy for children, and it is often so necessary to disguise its nauseous taste and smell, that the most effectual means of doing this is most desirable. The following formula will completely obviate these objections to this medicine: Take yellow of egg, No. 1; sugar, 2 ounces; cod liver oil, 2½ ounces; essence of bitter almonds, 1 drop.—*Ann. Chirig. de Montpellier.*

Miscellaneous.

PHYSICO-MEDICAL SOCIETY.—There being no quorum present, this society did not hold its last regular meeting.

CHARITY HOSPITAL.

Since our last issue, no operations of any importance have been performed.

In one of the surgical wards there lies a case of traumatic tetanus, treated with the cannabis indica, the results of which will be given in a following number.

In the medical wards, yellow fever is the prominent disease, and since its appearance among us, dating from the case of the baker from Lorcze's bakery, and the imported case from Havana, which occurred on the 30th of June, the disease, though having not yet assumed an epidemic type, is gradually on the increase. Since its beginning, we have recorded in our books one hundred and forty-seven cases, sixty of which have died, and eighteen have been discharged, and sixty-nine cases, (sick and convalescent,) still remain in the house. The disease, which has been confined to certain localities in the Third and Fourth Districts, is becoming more disseminated, and we occasionally hear of cases originating in different parts of the city. The character of the disease does not seem to be very malignant, for almost all cases taken in the onset, are manageable and amenable to treatment. The plan generally adopted in the onset of the affection is to open the bowels with castor oil or some other mild cathartic, followed by a warm foot bath, then, from two to four hours afterwards, twenty grains of quinine, combined with thirty or forty drops of laudanum, are administered. Cool drinks, such as iced lemonades, are ordered, and the patients put on absolute diet. This plan of treatment has had in our own hands the happiest results, and we are happy to be able to raise our feeble voice and give our testimony in behalf of an all powerful therapeutical agent which has been so often and so unjustly assailed.

A patient was admitted into one of the medical wards of this institution affected with chronic pleurisy and an abundant effusion in the left side of the chest, dating from two months. When he entered the hospital his left thoracic region was very much distended, and presented a dull sound, on percussion, from base to apex. No respiratory murmur was perceptible upon auscultation. He was treated after the ordinary manner with antimony, mercury and blisters, but to no advantage; for two months after his admission he was worse than when admitted. Hectic fever and night sweats sat in and were wearing the poor man out. As a dernier resort, paracenthesis thoracis was determined upon and performed immediately. An incision through the skin and cellular tissue was made just on the eighth rib; then the integuments being drawn upwards until the incision had reached the middle of the intercostal space between the seventh and eighth ribs, when the lancet was thrust into the cavity of the thorax. The object of the two incisions, one above, and the other below, was the making of a valve in order to prevent the ingress of air. Upwards of two quarts of a sero-purulent matter were discharged, and the patient expressed himself much relieved. Immediately after the operation, feeble respiration and crepitation were heard all over the left side, where no sound had been audible previously. From that moment, the patient's health began to improve, and he is now in a fair way of recovery. This is another case to be added to the many cases already existing, proving the efficacy of this operation in hydrothorax. We are well aware that the results of this operation have not always been so successful, but is it not reasonable to suppose that these unfavorable results are in consequence of the operation being delayed too long? There is no doubt, in our mind, that if the operation was performed sooner, before the lungs had lost their elasticity and vitality, before hectic fever and its sequelæ had

exhausted the patient's strength, the results would be much more favorable. The numerous cases already collected by ancient authors and contemporaries, go to favor this opinion. In 1844, Doctors Hughes and Cock, physicians to Guy's Hospital, published the details of twenty cases, seven of which were effectually cured, and five materially benefited. In the same year Dr. Hamilton Roe published in the London Medical Gazette the observations of twenty-four cases, eighteen of which recovered.

In a series of articles published in the *Union Medicale of Paris*, M. Aran gives at length the particulars of three cases which were all cured by this operation.

In an inaugural thesis presented to the University of Paris, Dr. Archambault relates some instructive cases of this kind, which occurred in the practice of M. Trousseau at the Hôpital des Enfants Malades. The operation succeeded beautifully in two cases; in the third, the result was unfavorable, as the little patient, two years old, was in a state of imminent asphyxia and nearly pulseless.

M. Schnep relates, in the *Archives Generales de Médecine*, four cases, to show the safety and utility of this operation in certain cases of pleuritic effusion, and in this way he increases the evidence already existing to that effect. He ridicules the fear lest air should enter into the chest, and asks what is air in comparison with the medicated injections which, (as experience has shown,) may be introduced into the cavity of the pleura with impunity. He even thinks that the admission of a small quantity of air may do good by facilitating the escape of fluid.

METEOROLOGY AND MORTALITY—*Comparative Table of the Meteorology and Mortality of Sacramento, Cal., for the month of June, by Thos. M. Logan, M. D.*—

METEOROLOGY.	1854.	1853.	MORTALITY.	1854	1853
Barometer.			*Causes of Death.*		
Maximum	30.22	20.20	Accident	6	4
Minimum	29.90	28.88	Cholera Morbus	1	.....
Mean	30.03	29.79	Dentition	.....	1
Thermometer.			Dropsy	1	2
Maximum	90	97	Debility, general	.....	1
Minimum	49	58	Diarrhœa and Dysentary	4	2
Mean	67	77	Enteritis	1	2
Weather.			Fever, not specified	.....	3
Clear days	20	27	Nepthitis	.....	1
Cloudy days	7	2	Phthisis and diseases of lungs	1	1
Rainy days	3	1	Rheumatism	1	.....
Inches of rain	0.31	0.01	Scrofula	1	.....
Wind.			Stillborn	1	.....
North wind	$\frac{1}{2}$	3	Tonsillitis	.....	1
Northwest wind	6	13	Unascertained	2	.....
West wind	$\frac{1}{2}$	.....	Worms	.....	1
Southwest wind	$7\frac{33}{100}$	7			
South wind	10	4			
Southeast wind	$8\frac{1}{2}$	3	Total	19	19
East wind	1	.....			
Northeast wind	1	.....			

REMARKS.—During the past month we have experienced every variety of meteorological phenomena that are manifested by heat, electricity, dryness, humidity, and a low as well as a high dew point for this region. It has rained on three different days: the 1st, 12th and 17th. On the 12th there was a little lightning with distant thunder. The heaviest shower was on the 17th, with the wind North, when 0.20 inches of rain fell. Although rain during June is an uncommon occurrence, still we find that there was a sprinkle on the 26th of last year, and according to a late writer in the Daily Union, "it poured during the night of the 11th June, 1849," and there was "a slight shower in the evening of June 16th, same year." These refreshing showers, cloudy days, and moist southerly winds have

in a measure qualified that parching degree of dryness, which usually obtains during the arid months of summer, and kept up an agreeably hydrated condition of atmosphere. The hottest weather of the season thus far was experienced on the 10th, when the thermometer rose to 90 degrees, and in some less pleasant situations to 95 degrees. We have not observed the thermometer fall lower than 49 degrees, which happened at sun rise on the 7th, and which is remarkably low, as June is generally our hottest month. It frequently ranged as low as between 50 and 60 degrees, and the vicissitudes from a high to a low stage of temperature were frequent and sudden. As was to be expected, such meteorological conditions involving the early summer with the contingencies appertaining to autumn, have produced somewhat of an unfavorable impression on the sanitory state of the country generally, although no appreciable effects are disclosed by the mortality reports of the city. These latter continue to compare favorably, taking into consideration the constant increase of population, with those of the preceding years. In addition to the occasional instances of vernal intermittents and mild remittents previously met with, numerous cases of a species of neuralgic disorder were ushered in with the advent of June, accompanied with perversion of sensation, such as giddiness, nauseau, loss of appetite, aching of the limbs and different parts of the body. A few aggravated cases, sometimes complicating rheumatic symptoms, and still rarer presenting certain analogies with fibro-bronchitis and rheumatic pneumonia, in the subacute form, as described by Dr. Buckler, of Baltimore, were coincidently observed. That these affections are attributable to derangements of innervation caused by sudden atmospherical changes, we have abundant presumptive evidence in the fact of their intermittent character in most cases, general absence of heat, swelling or tenderness when external, or of febrile symptoms when internal; and by their readily yielding to tonic, rather than to antiphlogistic treatment, if aided by avoidance of exposure to the weather. Although all of these cases are characterized by such slight functional disturbances as can scarcely bear the name of disease, still the fact of their occurrence admonishes us to guard against sudden changes of the weather by proper clothing, as the only sure means of escaping the effects of miasma of marshes or malaria—that mysterious agent which exerts its primary or chief influence on the nervous system.

M. Claude Bernard has been elected a member of the Institute of France almost unanimously, a worthy reward for transcendent genius and indefatigable industry. No man living, perhaps, has done more for science.

M. Jobert (de Lamballe) has been appointed Professor in M. Roux's place. Though certainly one of the great surgeons of France, it may well be doubted whether he will equally distinguish himself as Professor, for he is neither learned nor eloquent. He probably could never have obtained the position had not the system of concours been abolished.

Charity Hospital Reports—Month of July 1854:

Admitted,	964
Discharged,	798
Died,	92

Births, 11; females 8, males 3.

Of the deaths, 12 were from yellow fever.

Reports from August 1st to 13th, inclusive:

Admitted,	574
Discharged,	377
Died,	105

Births, 4 males.

Of the deaths, 48 were from yellow fever.

Notice to Subscribers.—We fear that the assertion in our Prospectus, that our journal is *established upon a firm financial basis*, has created a false impression among our subscribers, and to that cause we assign the delay in meeting their engagements. We hope, however, they will soon *reform*, and send us in as early as possible the amount of their subscriptions.

UNIVERSITY OF LOUISIANA.

MEDICAL FACULTY:

JAMES JONES, M. D.,
Professor of the Theory and Practice of Medicine.

WARREN STONE, M. D.,
Professor of Surgery.

J. L. RIDDELL, M. D.,
Professor of Chemistry.

A. H. CENAS, M. D.,
Professor of Obstetrics, and of the Diseases of Women and Children.

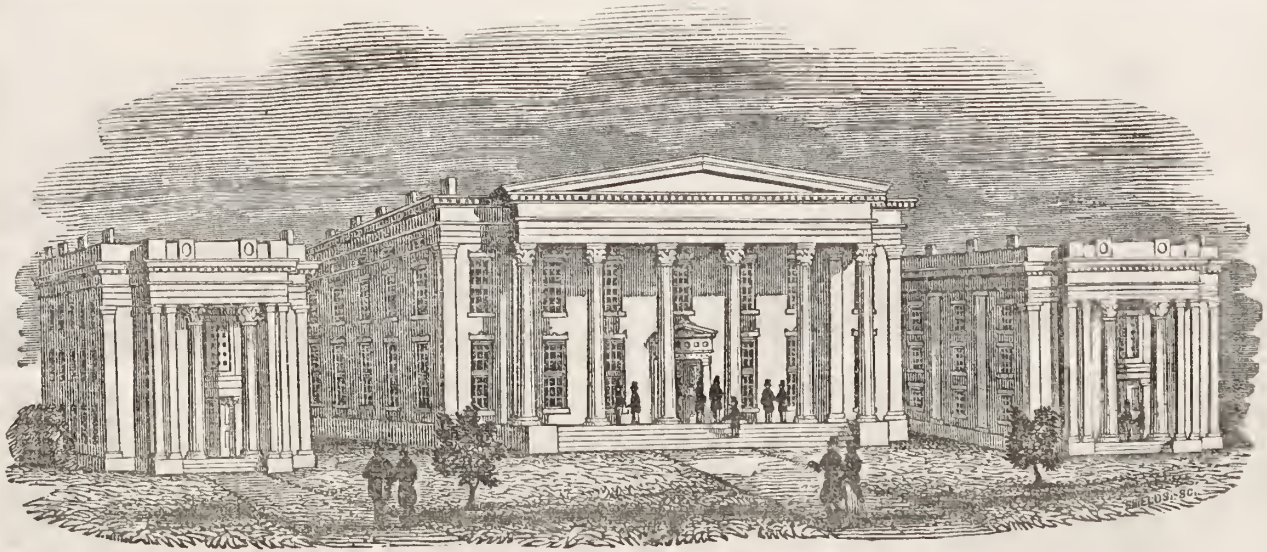
A. J. WEDDERBURN, M. D.,
Professor of Anatomy.

GUSTAVUS A. NOTT, M. D.,
Professor of Materia Medica and Therapeutics.

THOMAS HUNT, M. D.,
Professor of Physiology and Pathology.

DEMONSTRATORS OF ANATOMY:

CORNELIUS C. BEARD, M. D.,
SAMUEL P. CHOPPIN, M. D.



UNIVERSITY OF LOUISIANA.

The centre building is occupied by the Medical Department—its dimensions are one hundred feet front, by one hundred and four feet in depth—it contains three large Lecture Rooms, each of which will accommodate more than six hundred persons, a large Museum, Dissecting Rooms, &c., &c., &c.

UNIVERSITY OF LOUISIANA.

MEDICAL DEPARTMENT.

The regular Annual Course of Lectures in this Department will commence on Monday the 13th of November, 1854, and terminate in March, 1855.

In 1853, '54 there were one hundred and ninety-one Matriculants, and fifty-one Graduates in the Department.

The Students of the Class, during the last session, were from Louisiana, Mississippi, Alabama, Texas, Arkansas, Tennessee, Kentucky, Missouri, Virginia, North Carolina, Georgia, Florida, and France.

The Faculty announce to the Public the continued prosperity of the Medical College of Louisiana.

More than nineteen hundred names are on the Register of Matriculants, and many of the Graduates have acquired honorable distinction as Surgeons and Physicians.

The College is endowed by the State, and its usefulness has been extended by judicious appropriations of the Legislature.

MUSEUM.

The Museum of Anatomy is very extensive. The preparations are chiefly works of scientific artists in England, France, and Italy.

In Human and Comparative Anatomy, there is—

1st.—A collection of Muscular preparations, from the Academy of Anatomy, at Florence. They represent more than three hundred and fifty separate dissections.

2d.—Thibert's Tableaux of the Microscopic Anatomy of the Tissues.

3d.—Auzou's Cabinet of Human and Comparative Anatomy.

4th.—A Cabinet of Human Bones, and a collection in Comparative Osteology.

5th.—Preparations in Wax, (exhibiting exquisite skill in art, and knowledge in science,) representing the Anatomy of the Viscera, of the Nervous and Vascular Systems, and of every Organ in the Human Body.

The Pathological Department is enriched by models from England and France, which represent Diseases of the Eye, and Diseases of the Skin; and, by a great number of specimens of Urinary and Biliary Calculi, obtained from Dupuytren's Museum, at Paris; from the College of Surgeons, London; and from amongst ourselves.

The models of the Diseases of the Skin were made by Mr. Towne, of Guy's Hospital, London. They are perfect, and each disease can be studied with their aid almost as well as in nature. No other Museum contains these models except Guy's Hospital.

Besides the collections, brought from Europe, the Museum contains Anatomical preparations made by Members of the Faculty and others presented by their scientific brethern.

The Pathological collection of Bones is excellent.

The other specimens of Pathological Anatomy are highly interesting. Every year this Department is rendered more useful by additions derived from the enlightened friends of the Institution.

CLINICAL INSTRUCTION.

The following extract is taken from a Report of the Board of Administrators of the Charity Hospital:

"This institution, the largest Hospital for the reception and treatment of patients in America, presents an admirable field for the study of disease, and is a valuable acquisition to our Medical College, the Professors in which are allowed every facility they desire during the course of lectures. We have ten resident students in the Hospital, who are furnished board and lodging, and are required to execute the orders of the Visiting Physicians and Surgeons. We venture to assert, that those of them who remain their full period of two years, go forth with a better stock of practical knowledge and experience than any young physicians in the country."

The number of Medical cases, treated during the last year in the Hospital, was about 11,259; the Surgical patients numbered 2,000, and the Obstetrical cases, and those of special Diseases of Women and Children, numbered 500

The College affords opportunities to the students unsurpassed by any other institution in the world. The Act which established the University of Louisiana, gave the Professors of the Medical Department the use of the Charity Hospital as a school of practical instruction: it is during the session of the school, therefore, in charge of the Professors.

There are about 800 cases usually in the wards of the Charity Hospital. The Professors visit every morning between 8 and 10 o'clock, the Medical, Surgical, and Obstetrical wards. Hence, a wide field is open for the practical study of diseases and their scientific treatment.

Members of the Classes of the Medical Department have gratuitous and free admission to the wards of the Hospital; they also are permitted to attend post mortem examinations.

Attendance on cases of labor in the Obstetrical wards is provided by the Professor of Obstetrics, from among the candidates for Graduation.

The Professor of Surgery performs Operations and Dressings in the presence of the students, in the amphitheatre of the Hospital; and here, too, lectures are delivered on Wednesday and Saturday of every week, on Clinical Medicine and Surgery, and on special Pathological Anatomy.

LECTURES.

1.—The Professor of Anatomy, lectures on five days of every week during the session.

2.—The Professor of Physiology and Pathology, lectures on five days of every week.

3.—The Professor of the Theory and Practice of Medicine, lectures on six days of every week.

4.—The Professor of Surgery, lectures on six days of every week.

5.—The Professor of Obstetrics, lectures on four days of every week.

6.—The Professor of Materia Medica and Therapeutics, lectures on four days of every week.

7.—The Professor of Chemistry, lectures on four days of every week.

The Professors have every thing deemed necessary to aid them in teaching the various branches of Medical Science, viz: 1.—Chemical and Philosophical Apparatus, of modern style. 2.—Specimens of Materia Medica and Chemical products. 3.—Surgical Instruments, from Charrière, a complete set. 4.—Paintings, plates, models, drawings, books, and special apparatus.

The Faculty supply, almost gratuitously, subjects for dissection. The supply exceeds the demand of the Class.

The Medical College of Louisiana affords to the student means and opportunities of acquiring information in regard to the causes, nature, and treatment of the local diseases peculiar to our climate, which he cannot obtain in any Northern, Southern, or Western College in our country.

CANDIDATES FOR THE DEGREE OF DOCTOR OF MEDICINE.

1.—The Candidate must be twenty-one years of age, of moral character, and must have studied medicine three years.

2.—He must have attended two full Courses of Lectures—the last of which must have been in this Institution.

3.—He must write a Thesis on a Medical subject, and present it to the Dean one month before the close of the session.

4.—He must be examined by the Faculty.

The rooms for Practical Anatomy will be open from the third Monday in October to the 1st of April.

The Dissecting Rooms will be open during the whole day; and from 7 P. M. to 10 P. M. it is the duty of the Demonstrators to be constantly in attendance, for the purpose of instructing the students dissecting.

TERMS:

For the Ticket of each Professor	$15 00
For the Ticket of Practical Anatomy	10 00
Matriculation	5 00
Diploma	30 00

☞ Fees for Tickets Required in Advance.

Boarding for Students is as cheap in New Orleans as in any other large city of the Union.

Graduates of all respectable schools will be admitted to the course without charge except for Matriculation.

Students who desire further information, will address themselves to the Dean.

THOMAS HUNT, M. D., Dean.

New Orleans, July 18, 1854.

TEXT BOOKS:

Wilson's Anatomy,
Carpenter's Physiology,
Watson's Practice of Physic,
United States Dispensatory,
Ferguson's or Druitt's Surgery,
Fownes' Chemisty,
Churchill's Midwifery.

[COPY.]

YEARLY REPORT OF DISEASES FOR 1853.

DISEASES.	Admissions Color. White.	Black.	Discharges.	Deaths.
Abscess	101	....	113	....
Do. Urinary	1	....	.....	1
Do. of Liver	4	1	1	7
Albuminuria	3	....	3	2
Anguiola	.....	....	1	....
Amaurisos	2	....	1	....
Abortion	5	....	7	1
Arachnitis	.....	....	1	....
Amputation of leg	.....	....	5	1
Do. of thigh	.....	....	2	1
Do. of arm	.....	....	2	....
Do. of fingers	.....	....	4	....
Anthritis	7	....	14	....
Anus, excoration of	1	....	1	....
Apoplexy	9	....	2	7
Anæmia	30	....	24	4
Ascites	27	1	18	14
Amenohrrea	21	....	19	1
Amputation of toe	1	....	1	....
Anchylosis	2	....	3	....
Anasarca	13	....	13	2
Age, "old"	3	2	.....	3
Asthma	1	....	1	....
Aneurism Popliteal	1	....	1	....
Anthrax	6	....	5	....
Adenitis	3	....	2	....
Ascarides	1	....	.....	1
Aphtha	1	....	1	....
Artropathie	2	....	3	....
Bronchitis	211	4	219	12
Burn	32	3	27	6
Bite of a dog	1	....	1	....
Blepharitis	30	....	13	....
Blenorrhagia	92	....	112	....
Blindness	1	....	.....	....
Catarrh	43	2	41	3
Constipation	76	....	77	....
Congestion of brain	13	....	7	9
Concussion of brain	8	1	1	1
Conjunctivitis	45	....	50	....
Do. Granular.	13	....	7	....
Cephalagia	7	1	5	4
Contusion	194	1	197	....
Colica Pictonum	49	....	48	2
Colic	51	....	47	....
Cornea, opacity of	3	....	3	....
Croup	1	....	2	....
Cough, whooping	2	....	2	....
Cystitis	7	....	5	....
Choroiditis	2	....	2	....
Congestion of Retina	3	....	2	....
Cerebritis	4	....	.....	1
Cornea Ulceratcd	8	....	9	....
Caries	10	....	10	....
Chlorosis	17	....	20	....
Congestive Chills	2	....	1	....
Cholera Morbus	13	....	7	4
Do. Asiatica	187	7	44	115
Do. Infantum	2	....	2	2
Coxalgia	2	....	6	....
Carbuncle	13	....	10	....
Chorea	1	....	1	....
Convulsions	3	....	2	1
Do. Puerperal	.....	....	.....	1
Cancer of liver	1	....	.....	1
Do. of neck	1	....	.....	....
Do. of breast	2	....	1	1
Do. of womb	1	....	.....	1
Do. of stomach	5	....	.....	5
Do. of heart	.....	....	1	....
Carried forward	1.400	23	1.230	214

DISEASES.	Admissions Color. White.	Black	Discharges.	Deaths.
Am't brought forward	1.400	23	1.230	214
Cirrhosis of Liver	7	....	.....	6
Cynanche Parotidea	4	....	2	2
Cataract	3	....	.....	....
Debility	71	....	81	7
Delirium Tremens	162	....	114	52
Dyspepsia	22	....	25	3
Dysmenorrhæa	9	....	9	....
Dentition	1	....	1	....
Dropsy	43	....	22	18
Diarrhœa	656	11	520	117
Dysentery	250	....	103	110
Dislocation of humerus	9	....	11	....
Do. of hip	1	....	2	....
Do. of cervical vertebrain	1	....	.....	1
Dislocation of radius	2	....	1	....
Do. of cartilage of knæ	4	....	4	....
Deafness	4	....	3	....
Enteritis	25	....	30	3
Eczema	21	....	26	....
Erysipelas	52	1	53	5
Exposure, effects of	2	....	1	1
Enlargement of spleen	2	....	1	....
Ecthyma	3	....	.....	2
Enteralgia	1	....	.....	....
Encephalitis	1	....	.....	2
Epydidimitis	1	....	.....	....
Epistaxis	4	....	2	....
Emphysema of lungs	4	....	2	1
Epilepsy	18	....	13	6
Ectropium	.....	....	2	....
Endo-carditis	1	....	.....	....
Exostosis	1	....	1	....
Erythemia	2	....	5	....
Elephanthasis Graeceum	1	....	1	....
Do. Arabica	1	....	.....	....
Exhaustion nervous	3	....	.....	2
Enlargement of uterus	1	....	.....	....
Eruption vesicular	1	....	1	....
Ecchymosis of the eye	1	....	1	....
Fever, intermittent	2.631	4	2.462	6
Do. remitteut	372	1	393	12
Do. typhus	213	....	182	59
Do. typhoid	162	5	155	57
Do. bilious	57	2	67	2
Do. congestive	23	....	5	18
Do. continued	78	....	78	3
Do. ephemeral	73	2	66	....
Do. bilious remittent	10	....	4	2
Do. pernicious inter't	30	....	7	20
Do. scarlet	8	....	6	2
Do. puerperal	.....	....	.....	2
Do. inflammatory	3	....	2	....
Do. typhoid remitt'nt	5	....	.....	6
Do. hectic	1	....	.....	2
Do. yellow	3 212	7	1.427	1890
Fracture of clavicle	22	....	19	....
Do. of humerus	11	....	6	1
Do. of scull	5	....	1	3
Do. of leg	24	1	27	1
Do. of thigh	15	....	16	2
Do. of fore arm	13	1	7	....
Do. of metatarscs	1	....	1	....
Do. of ribs	12	1	8	1
Do. of maxillary bone	6	....	6	1
Fracture of scapula	1	....	1	....
Do. of fingers	1	....	1	....
Carried forward	9 784	59	7 214	2642

[COPY.]

YEARLY REPORT OF DISEASES FOR 1853.—CONTINUED.

DISEASES.	Admissions Color. White.	Black.	Discharges.	Deaths.
Am't brought forward	9.784	59	7.214	2642
Fracture of sternum	1	....	1	....
Do. of glenoid cavity of scapula	1	....	....	....
Fracture of patella	3	....	1	....
Do. of mallioles	1	....	1	....
Do. of wrist	....	....	2	....
Furnunculi	8	....	10	....
Fissures of lips	1	....	2	....
Fistula perinæum	1	....	4	....
Do. in ano	13	....	13	....
Do. verigo vaginalis	5	1	2	....
Do. recto vaginalis	1	....	2	....
Gangrena	....	1	1	....
Do. of lungs	4	....	....	4
Do. hospital	2	....	1	3
Gastro hepatitis	1	....	1	....
Gastralgia	17	....	18	....
Gastritis	91	....	85	4
Gastro enteritis	9	....	4	4
Gout	1	....	1	....
Gastric disorder	16	....	0	....
Gum boil	1	....	1	....
Gastro-duo-denitis	2	....	1	....
Hygroma	1	....	1	....
Hepatitis	35	....	30	6
Hysteritis	2	....	3	....
Hydrothorax	3	....	1	1
Hœmoptysis	7	....	4	2
Heart, disease of	33	....	11	12
Hæmatemesis	1	....	2	....
Hæmaturea	1	....	....	....
Heart, palpitation nerv's	6	....	5	....
Hydrocele	5	....	5	....
Herpes-zoster	1	....	1	....
Hernia inguinal	9	....	5	....
Do. scrotal	6	....	11	....
Hysteria	7	....	5	....
Hysteralgia	....	....	1	....
Hæmorrhoides	20	....	22	....
Hemarrhage passive	2	....	....	....
Hypertrophy of liver	2	....	....	....
Hemiplegia	2	1	2	....
Hemorrhage purpura	5	....	5	1
Hypertrophy of spleen	2	....	5	....
Hemorrhage of scrotum	1	....	....	1
Hemicrania	3	....	4	....
Hydro-pneumo-thorax	....	....	....	1
Hypochondriasis	2	....	....	....
Influenza	11	1	9	....
Itch	18	....	24	....
Injury of brain	1	....	1	....
Do. of spine	2	....	3	1
Do. of spinal marrow	2	....	....	2
Irritation of spine	4	....	1	....
Iritis	16	....	12	....
Iritis syphilitic	4	....	2	....
Do vascular keratitis	1	....	1	....
Ischuria vesicalis	1	....	1	....
Insanity	20	....	14	....
Infection Purulent	....	....	....	1
Intemperance	88	....	80	7
Indigestion	7	1	6	....
Impetigo	1	....	2	....
Irido Choroiditis	1	....	....	....
Do. keratitis	1	....	....	....
Induratim of Mamma	....	....	1	....
Incontinence of Urine	1	....	1	....
Intoxication of Chlorofm	....	....	....	1
Jaundice	27	....	25	1
Carried forward	10.325	64	7 672	2694

DISEASES.	Admissions Color. White.	Black	Discharges.	Deaths.
Am't brought forward	10.325	64	7.672	2694
Keratitis	8	....	7	....
Do. ulcerated	2	....	1	....
Laryngitis	8	....	9	....
Lumbago	7	....	8	....
Leucorrhœa	11	....	10	....
Luxation of Vertibræ	....	....	1	....
Lipoma	1	....	1	....
Lupus	1	....	1	....
Laceration of Urethra	1	....	....	....
Labor Pramatured	1	....	1	....
Marasmus	11	....	2	13
Mania-a-potu	14	....	11	2
Meningitis	7	1	2	6
Mania puerperal	2	....	....	1
Menstruation Vicarious	1	....	1	....
Measles	29	6	32	1
Menorrhagia	5	....	5	....
Metritis	3	....	4	....
Metro Peritonitis	2	....	1	....
Mamma, superation of	1	....	....	....
Morbus Perdiculosis	4	....	4	....
Myelitis	....	....	1	....
Nothing	299	....	299	....
Neuralgia	25	....	25	....
Nostalgia	2	....	1	....
Necrosis	4	....	3	....
Nephritis	1	....	2	....
Opthalmia	7	....	5	....
Do. granular	2	....	1	....
Do. strumous	4	....	1	....
Do. catarrhal	33	....	57	....
Do. purulent	11	....	10	....
Otitis	4	....	2	....
Orchitis Tuberculosis	2	....	2	....
Oedema of lungs	1	....	....	1
Do. of legs	9	....	10	....
Opacity of Coruea	4	....	11	....
Onysis	1	....	1	....
Orchitis	33	1	31	....
Ostitis	3	....	3	....
Onanism	2	....	....	....
Paraplegia	1	....	3	....
Pertussis	4	....	5	....
Phthisis Pulmonatis	318	5	165	199
Pregnancy	209	....	83	....
Parturition	3	....	181	2
Pneumonia	17	2	49	25
Do typhoid	4	1	....	3
Pleuro Pneumonia	16	1	8	9
Pleuritis	62	3	58	4
Pleurodinia	11	....	10	....
Paralysis	31	....	19	4
Paraplegia	1	....	1	....
Pneumo Thorax	2	....	....	1
Panus	3	....	2	....
Ptyalismus	19	....	15	2
Paronychia	27	1	24	....
Prurigo	8	....	5	....
Phimosis	1	....	3	....
Pericarditis	3	1	4	1
Peritonitis	10	....	6	5
Paraphimosis	3	....	3	....
Phlegmon of eye	1	....	1	....
Phlebitis	3	....	3	....
Psoriasis	3	....	1	....
Pustules Malignant	1	....	1	....
Peuphigus	1	....	1	....
Do. of face	1	....	1	....
Parotitis	7	....	8	....
Carried forward	11.661	86	8.898	2973

[COPY.]

YEARLY REPORT OF DISEASES FOR 1853.—CONCLUDED.

DISEASES.	Admissions Color. White.	Black.	Discharges.	Deaths.
Am't brought forward	11 661	86	8 898	2073
Periosititis	4	....	....	....
Pharyngitis	1	....	....	....
Prostatitis	1	....	1	....
Prolapsus of Rectum	1	....	....	....
Do. of Uteri	11	....	10	....
Do. of Anus	1	....	1	....
Retention of Urine	7	....	6	....
Rupia	2	....	1	....
Do. syphilitic	4	....	3	....
Retroversio Uteri	1	....	1	....
Rheumatism	469	5	455	2
Syphilis primitive	380	2	361	4
Do. secondary	55	1	17	3
Do. tertiary	18	....	8	3
Sprain	43	1	38	....
Scald	5	1	7	1
Scrofula	23	....	17	1
Sun Stroke	20	....	8	12
Stricture of Oesophagus	1	....	....	....
Do. of Urethra	17	....	18	1
Suppuration of parotid gland	....	....	1	....
Spina Ventosa	....	....	1	....
Scorbutus	70	....	1	1
Scleræma	1	....	....	....
Swelling of clavicle gland	1	....	....	....
Sarcoma Medullary	1	....	....	1
Sciatica	7	....	10	....
Sclerotitis	1	....	1	....
Suppression of Urine	1	....	....	....
Splenitis	1	....	....	....
Softening of the Brain	1	....	....	....
Staphyloma	3	....	2	1
Carried forward	12.813	96	9 866	3003

DISEASES.	Admissions Color. White.	Black.	Discharges.	Deaths.
Am't brought forward	12.813	96	9 866	3003
Tarticolis	1	....	1	....
Tonsilitis	29	....	32	....
Tonsils, enlargement of	1	....	1	....
Tumour Benignant	6	....	14	....
Tubes mesenterica	2	....	....	3
Temulentia	5	....	5	....
Tinea Capitis	5	....	5	....
Tetanus idiopathic	3	....	2	1
Do. traumatic	7	1	2	3
Tremor mercurial	1	....	1	....
Tænia solium	1	....	1	....
Tyroiditis	1	....	....	....
Ulcer	362	2	390	....
Uncertain	120	3	87	43
Ulcer Phagedenic	4	....	2	....
Urticaria	1	....	1	....
Ulceration of the ear	1	....	1	....
Do. of bowels	2	....	....	2
Incised wound	99	....	97	1
Lacerated wound	49	2	55	....
Penetrating wound	15	....	12	5
Contused wound	70	....	72	....
Gunshot wound	14	....	9	1
Punctured wound	7	....	5	2
Poisoned wound	3	1	2	....
Worms	1	....	1	....
Varicella	1	....	....	....
Varices	7	1	8	....
Variola	5	....	5	....
Variolid	8	....	7	....
Vagenitis	11	....	9	....
Vertigo	3	....	2	....
Total	13.653	106	10 733	3164

REPORT FROM THE OBSTETRICAL WARD, SHOWING THE NUMBER OF BIRTHS WHICH OCCURRED IN THAT DEPARTMENT:

Males	61	Still Born	24
Females	74		
		Total	159

(Signed) H. VANDERLINDEN, CLERK.



NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. SEPTEMBER 1, 1854. NO. XIII.

We are not of those who admire excessive legislation, or who would favor, as a general rule, the interference of government in matters which do not effect society as a whole; we desire that each individual should inherit and perpetuate the right of thinking and acting for himself so long as he do not interfere with the rights and welfare of those around him; we think that in this country, the rapid growth of which is equalled by the increasing intelligence of its people, that the less government we have in certain limits, the better, and we believe, also, that many abuses which now exist among us, as the almost necessary result of a new and free government, will, with this increase, be finally abolished. Believing thus, we can still reconcile the idea of the interference of a wise government to protect the interests of a most important class of society, with that of the purest democracy and most perfect freedom.

The medical profession in the United States is not what it ought to be; we may get angry and ruffle ourselves as much as we may, stand on our dignity as much as we choose, when sneered at by the profession abroad, but a little calm reflection by ourselves teaches those of us who are sincere that we do not occupy the position which as scientific men we should, and ought to lead us to investigate the causes of our backwardness, and, if possible, discover a remedy.

It is evident that the natural intelligence of men of this country is as good as it can be elsewhere — their opportunities for learning as favorable as could be desired — their lives as long, and under certain circumstances their industry as great. The evil then must rest not with the individual physician, but with the profession, which, abstractly, may be considered a society of which he is a member; a society that, unfortunately, occupies

in the opinion of our people a position little flattering when compared to the marked respect paid to it in other countries.

The causes of this unfortunate condition of things are manifold. Those only which are the most important can be now noticed, they are: Insufficient protection by the laws; insufficient preliminary education; insufficient instruction by medical schools, and the speculative spirit by which many of them are governed.

As regards legislative interference for the prevention of quackery, it may be urged that every man has a right to be physiced by any one he may choose, that the risk is his own, and if he be badly treated he is the only sufferer; this is false; a man's life is not his own—it belongs to his family, to society, to his country, and he is answerable for that life not only to society, but to his God; it is his duty to protect and prolong it, and if he do it not he comes under the same category as the suicide or madman, and, consequently, amenable to the laws of that society whose customs he outrages. Could any man of intelligence, who opposes legislative interference in medical affairs, stand by and see a sick friend place himself for treatment into the hands of an ignorant quack, who had recourse to ridiculous charms, incantations and nostrums, without expostulating with him, or even if necessary, subjecting him as far as possible to such restraint as the law provides for in cases of madness? We think not; and yet every day instances occur of mal-treatment of patients by so-called doctors, which shame the intelligence of the nineteenth century and are a scandal to the country whose laws sanction them. How few of the poor, or even the rich, are capable of a judicious selection of a physician; how easily are they imposed on by the ignorant, subtle, noisy, talkative quack. He calls himself doctor—apparently he is sanctioned as such by society; frequently he has a diploma, to our shame be it spoken; his door-plate is as bright and as large as another's, and he goes forth and slays, and commits legitimate murder, and flourishes, and grows fat on his iniquities, and in the estimation of the many he is a doctor; unfortunately if he be found out at last to be what he really is, his short-comings, his ignorance, his villiany, is visited on the legitimate members of the profession of medicine; he, the people say, is a doctor; you who are a conscientious man, you who study and toil, and sweat to learn your art, are also a doctor; he is a fool and a knave, you also must be such, and doctors are humbugs—such is the reasoning often heard. Fie upon such a profession which, having the intelligence and the power to correct this, has not the will or energy.

Legislative enactment in regard to medical affairs is not only necessary to the welfare of the profession of medicine, but to the public. No reflecting man will doubt this, although he may not believe in the possibility of reform. We legislate against thieves, forgers, counterfeiters, and mad-dogs, then why not against quacks, they are equally as injurious to society — they are thieves because they take money under false pretences — they are forgers because they lay claim to a title to which they have no right — they are counterfeiters, for they cause to pass as current coin their own base metal — they are worse than mad-dogs, for having the instinct of humanity which God gave them they pervert and abuse it.

It is not necessary that we should point out the legislative means by which the condition of the profession may be improved; they are evident to every thinking man, and we write in a suggestive and not in a didactic spirit. Let our elder brethren who have more influence than ourselves strike a blow for the good of their profession, let them use their influence with those who make our laws — surely there are some honest sensible men among them — and we may yet hope for the time when the title of doctor will no longer confound the conscientious physician with ignorant quacks and scoundrels.

A few words as regards the preliminary education of those who become candidates for medical diplomas. Nowhere else in the world is the standard of acquirement so low. One-half of those who begin the study of medicine know no more of the rudiments of an ordinary education than can be acquired by any intelligent fellow by a few months instruction in a common school. Many can scarcely write intelligibly, but few legibly; of the balance, one-half may have gone a few steps further in their acquirements, but it is only the remaining fourth who have received anything like a liberal education, or who are fitted to commence the study of such a profession as medicine. Can we hope to be useful as a class, or occupy that position in the opinion of society which is our due while this condition of things last? We are, as we have before intimated, as democratic in the general tenor of our ideas as it is possible to be, and would wish to interfere with no man's rights. Let every one study medicine who will, but let there be regulations which shall guarantee that he who gets a medical diploma shall have that fundamental education which ought to precede its acquisition; that education which, in all enlightened countries but our own, the physician is expected and required to possess.

Medical education in this country needs reform. The present system is

outrageous from first to last, and our profession can never become what it ought to be, what its admirers would wish it to be, as long as this remains unchanged. There are schools in this country where almost any man may obtain a diploma by an attendance on two courses of lectures; where the examination for the degree of M. D. is a farce to legitimatize the taking of the diploma fee; from whence men who have never seen an operation, or thoroughly examined a patient, or dissected a subject, who cannot write their thesis intelligibly, are let loose on society, sent forth as doctors, and, thus dubbed, take rank in the profession with the best, and, in the eyes of the vulgar stand coequal with them. It is argued that these men soon find their proper level, but we doubt this to be the case. True, in the opinion of physicians who are able to estimate their attainments properly, the position they hold is contemptible; but those less capable of judging of their merits look upon them as accredited members of the faculty of medicine, for have they not diplomas?—and see but little difference between the base brass and the pure gold.

Observations on First Dentition,

AND THE ATTENTIONS WHICH CHILDREN REQUIRE.

By Jules Cartier, *Student, Charity Hospital.*

[Continued from last number.]

As soon as salivation occurs, local means should be resorted to for the relief of the gums; frictions with lemon juice, made with the finger, and repeated frequently, answer well, and should be continued until the tooth has forced the gum. In case of severe irritation of the gum supervening, the lemon juice may be advantageously replaced by soothing applications; among those which have been lauded may be mentioned the oil of sweet almonds, mucilage of gum arabic, spermaceti, cream, butter alone, or mixed with honey.

The custom which is generally in vogue of giving to very young children something to bite on, whether the instrument be of ivory, crystal, or coral, is very reprehensible, as the pressure on the gums produced by the continued biting of the child ends by rendering them callous, and augments the difficulty of the passage of the teeth through them. The liquorice, or marsh mallow root stripped of its bark, is to be preferred, as

they render the parts more yielding to the passage of the teeth. But at a late period, when the growth of the teeth has thinned the summit of the gums, the use of the coral is beneficial. At this time, children bite it with more force and avidity than they do earlier, the irritation about the gums being greater. That portion of the gums which covers the teeth having become thin and tender is more effectually compressed between the two hard bodies, they yield easily to this double pressure, and the tooth appears.

Besides the necessary ablutions, which should always be made in a room with a pleasant temperature, and free from draughts of air, children should have a bath daily of from two to three minutes duration, which may be by degrees prolonged to ten or fifteen minutes. The bath should be made use of at an early age, beginning at the third or fourth week after birth. The first should be tepid, and then it can be gradually given at a lower temperature. Neither soap or perfumery should be used. As soon as the bath is finished, care should be had to wipe the child thoroughly, and envelope it in dry and clean clothing. These will be found to be the best means of fortifying the nervous and cutaneous systems of the delicate being against changes of temperature. Of course the baths will be suspended on the appearance of the slightest indisposition.

Air, like water, is one of the indispensable elements of organic life; it restores and fortifies the health of children, whatever may be their constitution. As remarked by an author, "it is particularly in infancy that air acts upon the constitution of children: from the delicate texture of the skin, it penetrates through all the pores, affecting them powerfully and producing an impression which is never effaced." Consequently, they should be exposed to air, fresh and pure; the apartment in which they are confined should be large and well ventilated; light and and exposure to the rays of the sun also contributes powerfully to the maintainance of salubrity. These last indications should serve as rules, not only during infancy, but for the whole of life.

Weaning.—The period of weaning is dangerous to the child and nurse, when the time is chosen importunely, or when the transition is too sudden and badly managed. Before weaning the child, it is important to discover if its teeth are in sufficient number to fulfill the functions of mastication. As a general rule, a child can be weaned after the apparition of the first four molar teeth, but it is more wise to be guided by the health of the nurse and the strength of the child. With some exceptions, the time of

weaning should always be chosen during the interval of the cutting of the several sets of teeth. When the nurse has but little milk, or the milk is deficient in nutrative principles, the defect should be remedied by furnishing the child a more succulent diet. In this manner it becomes gradually accustomed to solid nutriment, and learns to dispense with the breast. A child who is under the influence of any disease, or who is delicate and puny, should continue the use of the breast for a long time; in fact, nothing can replace this, unless, indeed, the health of the nurse, or the condition of the milk is such as to be the source from which the child derives its infirmities. "The milk of the mother," as has been well observed by a learned chemist, "is a panacea against all the evils of infancy; by it the child is nourished, it is cured, it is relieved, it is consoled. The milk of animals administered to it nourishes it but partially. After being satiated with it, it seems yet to want something; its lips appear to seek the source from which alone its thirst can be allayed. And if, at this time, pain should invade the existence of this incomplete being, then must all the science of the physician be called into requisition against an evil which could have been immediately relieved by one drop of the maternal nectar."

As soon as a child has arrived at the age of eight or ten months, and digests easily other food than the milk of its nurse, it is well to continue feeding it gradually, and let it nurse less in proportion as it eats more. Above all, to avoid indigestion, the breast should be given it sometime after having eaten. If after eating, the child manifests a desire to drink, the milk of the nurse should not be given to it, but in its place some water, slightly sweetened with sugar. This is the only drink which is appropriate. There are some things which are not sufficiently insisted on, and cannot be too often repeated; for this reason, we return to the expression — in relation to the drinks of children — "*slightly sweetened.*" It is indeed difficult to convince parents that the abuse of sugar has most often a disastrous result. The moderate use of this substance facilitates digestion, but its excessive use excites the stomach abnormally, produces anorexia, and, as a secondary effect, spoils the teeth. This remark requires development. A distinguished author has observed that sugar, mixed with the crums of bread, and placed in contact with a mucous membrane, that of the tongue, for instance, becomes converted almost immediately into pectic acid. From this, it results that sugar facilitates digestion in the same way as other condiments, and particularly acids; that is to say, by exciting the internal parietes of the stomach.

Hence, nothing is easier to understand than the local and general effects upon the economy of this artificial stimulation incessantly repeated, and finally becoming a constant habit. The assimilative apparatus no longer acts, or acts badly without it, and the digestive forces become enfeebled; the breath becomes acid and fœtid, and the enamel of the teeth always exposed to the action of an acid saliva, suffers a slow decomposition; it gets discolored and friable, and finally the teeth become a prey to caries.

Hygienic Alimentation.— This has the greatest influence on the organic development of children, and consequently upon the teeth, which are more especially the subject of this article. I shall give some general precepts in relation to alimentation.

When the first teeth are formed, it becomes necessary to vary the diet of the child, bearing in mind that it is proper to confine it almost exclusively to substances obtained from the vegetable kingdom. Pap made with white bread, or biscuit and milk, or rye bread well cooked, and the most digestible vegetables, should be given alternately. The farinacious vegetables, instead of fattening, rather tend to the contrary, as they produce a sort of fermentation, wind, and excessive inflation of the abdomen. Greasy substances should be banished from the list of preparations for children, as well as spices, aromatics, etc. The majority of children at the age of eight months are strong enough to support a diet of *semoule* or vermicelli, in a light broth; from time to time ripe fruits may be eaten. In case of intestinal derangement, milk diluted with rice water may be given. If constipation occur, gruel or barley water, slightly sweetened with honey, will be found appropriate. In a state of health, the child should drink nothing but water or milk. It will scarcely be believed how important it is to the health of the child to drink good water; it is the most certain means of assuring a healthy condition of the stomach — one capable of digesting almost anything. The premature use of wine debilitates the digestive organs, in consequence of the abnormal excitation which it determines; beer and tea are too irritating to constitute a portion of the drink of children during their early years. Coffee, as a general rule, when taken by the nurse has an unfavorable effect upon the child, particularly if she abuses its use, and confines herself too much to her chamber; what then must be the effect of this drink upon the child if given directly to it? Pastry and sweetmeats should be given to them only in the smallest quantities, and very rarely, nothing being more apt to blunt their appe-

tite. Fatty substances, as we have said before, is not suited to them before the appearance of the canine teeth, which would seem to be a sign by which to judge of the propriety of seeking their food elsewhere than among vegetable substances. Until puberty, meats should not enter too much into the list of articles of diet, otherwise this period may be injuriously hastened, and the development of the body increased too rapidly. Lean meat is the most appropriate for the diet of children.

[*To be continued.*]

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. XIII.

The vesicular form of secondary cutaneous manifestations, though not excessively common, is however more often met with than was at first supposed. The wards of our hospital have so far furnished us with several examples. This vesicular form generally takes on the appearance of *eczema impetiginodes*. This eruption, when it can be traced to a specific cause, is never so accute, or so rapid in its course, as when it is produced by other causes than syphilis. When this manifestation is confluent, its base is of a dark hue, presenting always a coppery tint; at other times each vesicle itself is surrounded by an arcola, presenting the specific appearance of secondary syphilitic eruptions. One great diagnostic feature is that they are never accompanied by any itching sensation, while we all know that *pruritus* is the most striking symptom in eczema. Another variety of this vesicular form is the herpetic—sometimes in clusters, more or less confluent, at other times forming a perfect circle, as in the herpes circinnatus. The absence of pruritus, the violet and coppery hue of the affected surfaces, or of the arcola, which surround them, the slow progress of the disease, the duration, and the appearance and formation of the scabs are all valuable diagnostic characters.

This vesicular form sometimes assumes the appearance of varicella; but the history of the case, together with the features which we have just

mentioned above, will not permit us to remain long in doubt as to our diagnosis.

The most frequent form of secondary syphilitic eruptions are the pustular which may be divided into *psydracia* and *phlyzacia*. The first form of this division consist of pimple-like pustules, which take on the appearance of *acne rosacea*, whilst the second is the ecthymatous form; between these two varieties, however, the difference is so slight that it is difficult to distinguish them. The pustular form of syphilitic eruptions are after all only modifications of other eruptions, which are produced by a greater degree of intensity of the disease, bad treatment, or bad state of the patient's system.

The form psydracia generally is the sequelæ of the papular syphilitic eruptions, whilst the ecthymatous and impetiginous forms most commonly follow the squammous variety. In this first variety the pustules are conical in shape, limited in extent and presenting the lenticular form. They rest upon a rather thickened base, presenting a livid or coppery hue, and always surrounded by a dark areola. This form may affect the whole surface of the body, but is generally limited to the face, back and chest, and it is when these regions are affected that it resembles so much the acne vulgaris or rosacea.

Ecthymatous and impetiginous eruptions constitute, as we have already said, the form phlysacia.

Impetigo, though generally showing itself on the scalp at the bulb of the hair, sometimes appears over the surface of the body. The pustules are smaller, flatter and surrounded by a dark areola; a yellowish serum, which soon becomes thick and consistent, is seen raising up the epidermis in the centre. When it appears in the hair, the pustules form at the bulb of the hair, which, when rubbed off, is reproduced by a thick viscid secretion, matting the surrounding hair together; the whole hair then becomes affected, loses its lustre, gets dry and falls off.

In other instances, we have a well defined ecthymatous eruption having all the appearance of variola. The pustules are in that case superficial and flat, and the scales are formed by distinct layers of pus, and are always surrounded by a dark areola. When the scales dry and fall off, the skin beneath is generally cicatrized. This is the simple ecthyma, but another variety which for precision we call deep ecthyma, is generally attended with more local and general disturbance. The pustule is formed in the same manner as the others, and scabs form upon it which increase in diameter, in consequence of the additional secretion of pus, becoming hard, brown, and surrounded by a livid or coppery colored areola. These

scabs may assume a monstrous size, sometimes projecting over the skin at least half an inch. On removing these masses of scabs, superimposed one above the other, and often covering large portions of the body, a dirty, sanious and ulcerating surface will be observed occupying their base; the edges are callous and extend underneath the epidermis, hence the ulceration is larger than it at first sight appeared to be. This form of eruption is usually very chronic in its course, and shows little disposition to heal. The ulceration remains for a long time stationary, or when they show a disposition to heal, cicatrization takes place slowly, a livid condition of the skin succeeds, a material loss of substance is evident, and white cicatrices are the result.

This form of scab resembles very much what we term rupia; they both are formed by the consequence of the formation of crusts, but there is a material difference between them, for the deep ecthyma always commences by a pustula, while rupia begins by large bullæ or vesicles containing at first a thin serous, and then a sanguinous fluid, of a most fœtid nature, based on an ulcerating surface, situated on various parts of the body; they form crusts, and follow the same course as the deep ecthyma. This form indicates a more impoverished state of the system than the pustular form. It most always depends upon a complication of scrofula or the scorbutic diathesis.

Rupia is frequently observed after ecthyma. Its vesicular or *bullous* period is not often met with, for the slightest friction breaks the bullæ, and the patients generally seeing appear in their limbs what they call *blood-blisters*, never think of applying for relief. In rupia the scab covers a surface which continues ulcerating, both in depth and width, and soon assumes the appearance of a perfect oyster shell.

When the scabs fall, we find beneath them ulcers of different sizes, but generally never exceeding the circumference of a dollar. These ulcers are more or less deep, resting on a engorged base, having edges thickened, sometimes everted, often dentated, and always presenting an irregular bottom, covered with a white diptheretic substance, mixed with sanious and ichorous pus. Sometimes the ulcers are stationary, from thence two varieties, the *ulcerative* and *ulcerating* forms. Sometimes the ulcers heal before the fall of the scabs, but most frequently these fall before the cure is complete. Cicatrization is generally effected from the circumference to the centre; but frequently, and especially in rupia, it is regular, and commences at the same time in different points, by small patches in the centre, whilst the edges continue ulcerating, as we have already observed in the *serpiginous* variety of phagedænic chancre.

Secondary ulcers on the skin are rarely met with, except when occurring as sequlæ of the various eruptions mentioned above. Some surgeons seem to assert that syphilitic ulcerations present special marks by which they can be known. This is altogether false, the contrary assertions of Hunter to the contrary notwithstanding.

It is especially under these forms that the general health suffers; the skin is dusky, the countenance is shrunken, the capillary circulation is imperfectly performed; nutrition goes on badly, purpura often supervenes; general prostration of strength, together with loss of appetite, and rheumatic pains occur, indicating that the constitution is severely suffering, and it is not until the health improves that the sores heal. In our treatment, we should bear in mind then that the secret of success depends upon the treatment of such complications as scrofula, or a scrobutic diathesis, which we have mentioned before. The plan must be conducted on much the same principles as other forms of secondary syphilis by a well directed mercurial treatment, but the local symptoms can always be benefited by the use of sulphur baths repeated daily, or local applications of the white precipitate, technically called the ammoniated mercury.

The bullous or vesicular variety, which we notice under the form of *pompholix*, is the rarest of all syphilitic eruptions. Its uncommonness does not, however preclude the possibility of its existence. There are no signs, to my knowledge, as yet, by which we can distinguish the simple from the specific pemphigus. Both in children and adults it occupies the same regions in both varieties. When the bullæ are situated in depending regions, they are more voluminous, and are surrounded by an areola of a darker hue. It has been asserted that the syphilitic pompholix had a greater tendency to ulceration, but it has been my lot to have witnessed extensive ulcerations in both varieties. In the adult this variety is excessively rare, though I have seen cases which proved its existence beyond a doubt. But in newly born children, where they have inherited a syphilitic diathesis, it is more common. Prof. Dubois goes even so far as to assert that it is the most frequent form of secondary syphilis in children, *in utero*, or immediately after their birth. That syphilis produces pompholix there can be no doubt, but cannot children be born with pompholix without a syphilitic taint? We must here remain in doubt, though for my part I can readily believe that other causes which would tend to deteriorate and weaken the system of the parents can bring on this state of things. Syphilis itself, acting as a common cause on the general system, produces this effect, undoubtedly.

Tubercular Form.— In speaking of tubereular syphilides, I do not wish to be understood to mean that production of new matter, or species of degeneration, which consists of an opaque matter, of a pale yellow eolor, and in whiek, in *pathological anatomy*, is termed *tubercle*, but merely to use the word in its literal sense. We shall, then call tubercular syphilides a lesion of the whole thickness of the skin, consisting in an eruption of small circumscribed tumors, whieh may make their appearanee in different parts of the body, but generally in those regions where the skin and eellular tissue are thiekest and most dense. Tubereles may attain different sizes, and I have seen them as large as an ordinary filbert. They are always stamped with the coloration charaeteristie of a syphilitie eruption: by the coppery hue. Either isolated or confluent, they are often met with on the baek, neek, face, and more partieularly on the forehead, eheeks and nose; they sometimes make their appearanee on the glans penis, where they may be taken for indurated ehaneres at the period of reparation, or for what we have denominated *mucous tubercles.* I have seen them on the tongue, and on the neck of the uterus, where they resembled strikingly eaneerous affections. This eruption is generally of long duration, but they sometimes may terminate by resolution, without leaving any traces of their existenee; in the majority of instances, however, that part of the skin upon whieh they rested loses its thickness becomes depressed, and there remains a hollow eieatrix, without, however, any uleeration having preeeded. In some eases, these pimples will remain stationary in spite of any treatment. When situated on the body or limbs, they assume a rather serpiginous eourse, and represent eireles, more or less complete, different letters or figures, as we have already notieed in speaking of lichen and lepra.

Although these tubereles, to whatever variety they may belong, often terminate by resolution, it frequently happens, and especially in the serpigious variety, that they uleerate, suppurate and then become eovered with seabs, sueh as we have already deseribed, when speaking of deep eethyma and rupia.

In the next leeture we propose to speak of the syphilitie affections of mucous membranes.

[*To be continued in following numbers.*]

A case of Stricture of the Urethra,

WITH ABSCESS AND INFILTRATION OF URINE.

Reported by Dr. A. Hart, *New Orleans.*

Martin Louis, *f. m. c.*, aged thirty years, was treated in 1841 for inflammation of the urethra by the use of metalic catheters. This produced irritable bladder and inflammation, which extended to the kidneys, vas deferens and testicles. A reduction of these symptoms was easily obtained by the use of the hip bath, leeches, emollients, and a general antiphlogistic regimen. Convalescence was followed with a narrowing of the urethral canal and consequent diminution in the stream of urine. No further attention was paid to this by the subject of this notice for several years, or until the disease had so far progressed as to render micturation difficult and painful. Structural cartilaginous change had now ensued, and my services were sought for the relief of the stricture. I confined my treatment to the use of steel sounds for the purpose of dilatation. The patient improved, and was soon made comfortable. When next I heard of him, on the sixth of July, 1854, my services were called into requisition. I found he was then suffering from a urinary abscess with infiltration of urine into the surrounding tissues, particularly that of the penis, scrotum and perineum. The body of the penis was so much swollen and compressed by this, that the introduction of a number one catheter was found to be next to impossible; by perseverance, however, and after thirty minutes' trial, I finally succeeded, and was fully repaid by the immediate relief and comparatively comfortable condition of my patient. The first difficulty overcome, it remained for me to determine upon a plan for subsequent treatment. Having ample time to consider and investigate the pathological condition of the parts, I proceeded to a thorough examination. That portion of the penis which emerges from the scrotum presented a large indurated tumor of two inches circumference and unyielding on pressure. Ulceration had begun at this point, and perferation had followed. This was evidently the cause of the infiltration of urine before mentioned. After the introduction of the catheter, this soon subsided, but was followed by infiltration of pus in the cellular tissue, which extended from the indurated point, over the lower portion of the abdominal parietes of the left side. The dorsum of the penis was disposed to gangrene, and a consultation was finally decided upon. Dr. W. was called in, and it was determined to make an incision; one an inch long was made which permitted the

escape of a quantity of intolerably fœtid pus. A spontaneous discharge of matter at the point of induration soon after took place, which greatly relieved the patient and facilitated the treatment. A generous diet with tonics was ordered, and the following course instituted. A metalic catheter, No. 3, was introduced and left in the bladder for four days, then withdrawn and a No. 6 introduced; this was permitted to remain two days and was followed by one of gum elastic, of the same size, which was readily passed, and changed every twelve hours, until the twelfth day, when resort was had to dilatation with metalic sounds. These, ranging from No. 5 to 14, were introduced twice daily, care being taken to return the gum elastic catheter after each introduction, in order to prevent a recurrence of infiltration or the passage of urine over the ulcerated surface. This course of treatment was attended with perfect success. The whole train of symptoms subsided, and the patient was discharged cured in a space of time comparatively short, the gravity of his symptoms considered, and voiding a large stream of urine, a comfort he had not experienced for over ten years.

This case is instructive, and teaches how a simple inflammation may, from early mismanagement, be the cause of extensive and painful structural lesion.

Analysis of Black Vomit in Yellow Fever.

[We invite the attention of members of the profession of medicine to the analysis of the black vomit of yellow fever, which has been handed to us by a friend. Nothing has been recorded upon this subject (as far as we know) that can compare in accuracy with the results which we now publish.—*Eds.*]

1. When black vomit is filtered, the coloring matter remains upon the filter, and the filtered fluid is colorless.
2. The specific gravity of the filtered fluid varies from 102. to 103.
3. The filtered fluid always reddens litmus.
4. Nitrate of silver when added to the filtered fluid form a large quantity of a white precipitate, which is insoluble in nitric acid, but soluble in ammonia; hence the fluid contains hydro-chloric acid.

5. Lime water, kali nitricum, and the other alkalics, form no other precipitate with the fluid, either when submitted to cold or heat.

6. A solution of the bi-chloride hydrag. produces no apparent reaction with the filtered fluid.

7. Muriate and nitrate of baryta each produces a slight turbulence when added to the filtered fluid.

8. Acetate of lead added to the filtered fluid causes a white flocky precipitate, which is insoluble in water, but soluble in acetic acid; hence mucous exists in the fluid.

9. A precipitate is formed by nitrate of silver in solution being added to the filtered fluid. If kali purum be added to this mixture it deprives it of all acid; and then, afterwards, if sulphuric acid be added to this, a slight effervescence will ensue; hence, we infer the existence of carbonic acid gas in the fluid.

Coloring Matter of Black Vomit.

1. It presents the appearance to the naked eye of blood globules which have been separated by chemical means from the blood.

2. When dried by artificial heat or the atmosphere, it resembles hematosine procured from man's blood.

Microscopic Analysis.

A homogeneous fluid that contains—1. Blood globules entire. 2. Fragments of globules. 3. Mucus. 4. Epithelial cells. 5. Amorphus matter. 6. Granules, sometimes. 7. Fat globules. 8. Torulæ and spores.

Excerpta.

Granulations of the Neck of the Uterus.—In ten women who have affections of the neck of the uterus, eight at least will present granulations. It is, therefore, a disease of very frequent occurrence, and has for a long time engaged the attention of physicians; and yet Mr. Valpeau said, in one of his last clinical lectures, there exist on the subject many erroneous views, which it is well to correct.

This condition is nearly always designated as ulceration of the neck of the uterus; but in reality there scarcely exists any other kind of ulceration than the cancerous or syphilitic ulceration, for those which are called scrofulous or scorbutic are so extremely rare, that they scarcely deserve to be mentioned. In cases where there are granulations of the neck, there is no loss of substance, and consequently no analogy with the process of ulceration; only the first mucous sur-

face is deprived of its epithelium; it is of a violet color, with elevations as in granular blepharitis.

These granulations are seen on the os uteri, particularly on its posterior border. They are often found, according to Mr. Valpeau, in the cavity around the neck and within the body of the os: this is what M. Recamier described under the name of vegetations of the body of the uterus; with a small instrument he scraped the mucous surface, he brought out those granulations, the fungous aspect of which seemed to verify his opinions. Others call this affection uterine catarrh, in accordance with the doctrine of Broussais, which had a tendency to refer all the affections of uterus to the inflammation and its results. This denomination is the more plausible because leucorrhoea is one of the most constant symptoms of the disease. But at the present time clinical examination enables us to point out the primary cause of these morbid phenomena, and it does not now admit of a doubt that the ordinary ulcerations of the neck of the uterus, the vegetations on the internal surface of the uterus, and the uterine catarrh, are nothing else than granulations.

The treatment of this affection is very simple and always followed by success. Accordingly, Mr. Valpeau says, that the cure is effected with as much certainty as is that of intermittent fever with quinine. There may be rebellious cases, but the general rule holds good.

The whole treatment consists in cauterizing the diseased part. Most of the caustics are efficient. Hence success has been obtained with the nitrate of silver and the actual cautery, the last of which has been much abused. That which I prefer to all others is the acid nitrate of mercury, because it is both energetic and easy to manage. But to apply it well it is necessary to have a suitable brush. These cauterizations should be repeated four or five times at intervals of eight days. After this we must be content with injections and other accessory means. In fifteen days the disease will have been cured perfectly. We should be careful to cauterize as long as there are any granulations; this is an important item. Some practitioners adopting the other extreme continue their cauterizations too long, thus causing the disease to persist on account of this irrational treatment.

Compression of the Subclavian Artery.—We have it laid down as an axiom in the greater portion of our class-books, not only on surgery but also on anatomy, that to command hemorrhage from the subclavian or axillary artery, in amputation of the shoulder, we have only to compress the vessel from above the clavicle, against the first rib, not making the pressure directly downwards, but forwards and backwards. Presumptuous as it must and no doubt will appear for me to think of differing from such high authorities, yet, with the greatest deference to all and each of them, I cannot but think that, if we look at the position which the subclavian occupies at the point where it passes over the first rib, we will see that it is no such easy matter to compress it as one might first imagine. But were there no anatomical difficulties to be overcome, there is still another obstacle to using pressure on the subclavian artery above the clavicle. And what is this? Spasm of the muscles which surround this joint at the moment of operation. We have our patient, with his arm stretched out at a right angle with the body; we have our assistant trying to use compression in the way taught; we transfer the deltoid,—and the moment we do so, contractile spasm follows, the effect of which is, to throw up the cavicle, deepen the arch and make tense and fascia; thereby putting it completely out of the assistant's power to use compression on the vessel, at least with any effect.—*Mr. Shinkwin in Dublin Hospital Gazette.*

Upon Punishment by Death, and the Consequences of its Application.—The cases deserving punishment by death are: 1. Premeditated, cruel murder in cold blood, whether by one's own hand, or through the agency of another. 2. Murder of relatives, parents, wife, or husband, even without premeditation. 3. Infanticide by the father upon all occasions; where on the part of the mother, the punishment admits of three gradations, namely, according as the mother has been committed, before, during, or after birth. 4. Murder without premeditation,

but committed under circumstances of great brutality and cruelty. 5. Treason in the first degree; also an attempt upon the life of the Sovereign. (Treason of the second degree should never be punished by death when possible.) 6. Duel with fatal termination, when, after judicial inquiry, it has been ascertained that all the required forms have not been complied with. 7. Arson, perpetrated with the view to take life. (The plea of pyromania must be admitted with extreme caution.)

As regards the doctrine of homicidal monomania, as enunciated by Esquirol, no results have hitherto been obtained by recent physiological inquiries. In latent insanity (*mania sine delirio*,) men become impelled blindly to the most savage acts against all law, and apparently with deliberate premeditation. The brain, like other organs, may become rapidly disturbed in function without premonitory symptoms; hence individuals suffering from this mental disease are not amenable to law. Even in attempted murder of oneself and another, (*bei intentiraem Wechselmord*,) death should not be inflicted, when it is proved that the assent of the one who has perished had been freely given.

As the taking away of life is the greatest of all earthly punishments, society should be content with removing the individual from the world, and should not extend the law to injure the family, as by confiscating property. The theory, that, by public executions, the people are terrified from crime, is proved erroneous; familiarity with such scenes exerts an opposite effect. Death should be inflicted in the most rapid and least exciting manner. In Prussia, the criminal is executed in a closed room, in the presence of a clergyman, five officials, and twelve members of the parish. At the conclusion, a clock sounds. A similar custom prevails in Oldenburg and Wurtemburg. All exhibition of the wretched delinquent should be avoided, and admission only of his nearest relatives and the clergyman should he permitted. The respite between the sentence and its execution should be as short as possible. The mental as well as the corporeal pain should be abbreviated to its uttermost, and all the aggravations of old criminal justice should be regarded as superfluous. Although Sommering has pronounced hanging the mildest kind of death, yet the guillotine is the instrument which the author prefers. The manaja and the doloire of Toulouse are modifications of this instrument. The axe here falls, directly by mechanical means, while the sword in the hand may miss its mark from excitement of feeling on the part of the executioner at the scene before him. In Saxony, a sword, instead of an axe, is used for the guillotine; the head is thus rather cut than hacked from the trunk. In recent times, Oelsner and others have advocated the use of prussic acid as a means of taking life; but this has been opposed, on the ground, that no criminal would willingly raise the poisoned cup to his lips.—*Henke's Ztschrft.* xxxiv. 1. 1854.

Accidents Caused by Handling Mercury; Cured by Tonics, Iron and Sulphur Baths.—Sometime since, there entered the wards of M. Sandras, Hôpital Beaujon, a looking-glass maker, aged forty-five years, who had been occupied for the past twenty-five years in spreading upon the glass the amalgam of tin, used in the trade.

For the first five years of his occupation, his health had been good. He was in the habit, as is customary in these workshops, of quitting work for two or three days in each week, and of resting a month each year from labor. At the end of five years, he began for the first time to feel vague pains in the epigastric region and limbs. The superior extremities became agitated by convulsive movements. Since this time, the health of this man had been nothing but a series of ameliorations, brought on by the use of iron, sulphur baths and repose, and relapses always occurring after a month's exposure to the mercurial emanations. Six years ago, he was seized with complete paralysis of the left arm and leg, of which he was cured at the end of a year's treatment, and which was followed for three or four years with convulsive attacks, accompanied with loss of conciousness. His health then became better, but he could no longer work at his trade for more than three or four weeks at a time. In December, 1852, in addition to the above, intense delirium supervened, which necessitated the use of the straight jacket. A

short time after this he was brought to the Hôpital Beaujon, the condition of his limbs being such, from their agitated condition, that he could not dress or feed himself without assistance. His walk at this time was uncertain and vascillating; he fell frequently; his head oscillated continually; his eyes were fixed and widely opened, and gave to his face a bewildered expression. He had pains in his limbs, sleepless nights, confused vision, nocturnal, sometimes diurnal, hallucinations; intellectual functions impaired, but not much disturbed; pulse small and soft, indicative of anemia; loss of appetite, sometimes vomiting; gums swollen and painful; teeth black and exposed.

This patient, the day after his entry into the hospital, was placed upon the treatment resorted to by M. Sandras in afflictions of this nature. Tonic regimen, wine in small doses, sulphur and gelatinous baths, administered three or four times per week. Finally, the persulphuret of iron in solution, in doses of a teaspoonful twice daily. This salt is given with the view of neutralizing the metalic poison which has been introduced into the system, and to combat the anemia.

In this case, after a few days, a marked amelioration took place; the patient could help himself to his food and dress himself without trouble. The sleeplessness and hallucinations were the symptoms which lasted longest. The patient left the hospital after nine weeks of the treatment described. At this time the oscillatory movements of the head were very slight, and the trembling of the hands was only evident when the patient attempted to lift heavy weights. His face was full and florid, and his pulse had resumed their vigor. It may be supposed the patient promised to abandon a calling which had been so unfortunate to him.—*Révue de Thérapeutique Médico Chirurgicale.*

Unqualified Medical Practice.—On Friday, the 7th inst., at an inquest held by Mr. Baker on a child who had died under the treatment of a Mr. Johnson, an herbalist, the following curious conversation took place between the Coroner and Mr. Johnson:

Coroner—I see from the certificate that has been produced, that you have a diploma. Where did you get it from?

Witness—From the United States of America.

Coroner—I perceive that U. S. is attached to the certificate. Were you ever in America?

Witness—No, I was never there.

Coroner—How did you become qualified to act?

Witness—There are many others who obtain diplomas in the same way.

Coroner—How? I cannot understand. If you were never in America, how did you obtain your diploma?

Witness—From an agent in this country on the part of the College of Surgeons in America.

Coroner—I see the initials M. R. C. S. What does that mean?

Witness—Member of the Reformed College of Surgeons. It is at New York.

Coroner—What is the name of the agent?

Witness—Dr. Elliott.

Coroner—Do you consider yourself competent to visit patients, and do you take fees?

Witness—Yes; and I consider myself empowered by the diploma which I received from the Reformed College at New York to visit patients.

Juror—Did you ever undergo an examination by Dr. Elliott?

Witness—Yes, but he had known me previously. I have been practising in London during the last twelve months. I was previously practising in Glasgow. I was in London when I received the diploma.

Coroner—Do you follow the system recommended by Dr. Coffin?

Witness—Pretty nearly; but it is derived from another source.

Juror—On what authority did you act in Glasgow as a medical practitioner?

Witness—On no authority at all.

Juror—I suppose you paid some fees for your diploma?

The witness declined to answer the question.

Several of the jury wished an answer, when, as the witness still objected, the Coroner observed that the jury might be of opinion the witness got the diploma for a mere trifle.

Juror—Yes, that is the case, as qualified practioners in this country are obliged to go through a long course of education, and are at considerable expense before they can obtain a diploma.

The Coroner remarked that a short time ago an agent of Dr. Coffin was prosecuted by the Apothecaries' Company for practising as an unqualified man. That trial cost the Company near £40; so that their resources would be exhausted if they proceeded against all unqualified persons. There ought to be a summary conviction of such persons before a police magistrate. A Medical Bill was now before Parliament, which he had hoped would meet the case, as a great deal of mischief was done by ignorant and unqualified persons practising medicine.—*London Lancet.*

Intestinal Obstruction of Eighty-two Days' Standing—Enterotomy of the Small Intestines—Cure.—Examples of enterotomy practiced on the small intestine on account of obstruction are rare, and successful cases are still more rare. This is not, however, the only interesting point connected with the following case; there is also the fact of obstinate constipation existing during the space of eighty-two days.

Madam Monnard, aged 46 years, after her last confinement, became slightly nervous, and had a small indolent hernia of the linea alba, immediately above the umbillicus. In every other respect, her health was good, until the 5th July, 1853, when she felt a dull pain in the hypogastric region; the pain increased the next day, and extended over the whole abdomen, which became tympanitic, and she became constipated. She however consulted no one until the 16th. The physician who was called in prescribed an emetic, leeches, warm baths, and an assafœtida enema. The 21st, he gave four drops of croton oil, which did not operate. From the time that she took the emetic she vomited everything that she swallowed. Mr. Joll, who was called in on the 22d, tried abdominal frictions with mercury and belladonna; calomel, one grain every hour, then two grains every two hours; various purgative enemata; enemata of tepid water, and strychnine. The only effect produced was the passage of a little wind by the rectum, then a lumbricoid, and finally, under the influence of the strychnine, two small white friable pieces of stercoraceous matter, with a little sanguinolent mucus. The rectum was empty; neither the finger nor the sound succeeded in detecting any obstacle. No tumors could be detected in any part of the abdomen. As the emaciation augmented, the ventral hernia diminished. Vomiting occurred every day—often two or three times a day; the matters vomited were bilious, glarious and liquids that had been drank, but she never vomited stercoraceous matter. Towards the fortieth or forty-second day, the vomiting ceased, and the patient was able to take every morning a little coffee and milk, and from time to time even a mouthful of solid food without ejecting it. About the fiftieth day, the vomiting reappeared. The patient was then sustained by nutritive enemata. She finally despaired, and refused all nourishment. The emaciation became extreme, and eschars formed upon the sacrum. The abdomen was not painful on pressure; it was sometimes very tense, so much so as to impede respiration. Copious eructations at times relieved the tension and agony. On the 24th of September, the patient begged to be relieved of her suffering, and Mr. Joel practised the operation. He did not dare to open the descending colon, on account of the eschars already existing at the superior part of the body; he therefore determined to open the small intestine, according to M. Maisonneure's plan; it was now the eightieth day of the constipation. An incision was then made on the right side at an inch in front of the iliac spine, in the direction of Poupart's ligament, and the intestine opened and sewed to the integument. No accident occurred during the operation; the result was most happy, and after the lapse of a few months, the patient presented the appearance of perfect health. The artificial anus, however, remained; no attempt was made to close it, as it was not known where the obstacle was situated, or what its nature was. Some observations have been made on

the substances passed through this opening. The digestion of animal substances, of bread, and of milk, appeared to be complete; at least not a trace of them are found in the fluid matters that are passed. But vegetables — yellow earrots, cabbage, and even Irish potatoes, are incompletely assimilated, and more or less recognizable. Raw potatoes pass without having hardly commenced to be digested. — *Gazette des Hôpitaux.*

Advertising Quacks.—The newspaper press of this country, to its shame be it spoken, has been the chief agent of furthering the ends of a class of quacks far more injurious to the community than medical botanists; the latter injure and destroy the body, but the Manly-Vigor class of impostors sully and debase the mind. It strikes us as a very remarkable fact, that while we carry our decency almost to the edge of prudery in this country; while we insist that all the nude statues in the Crystal Palace shall be clothed with fig-leaves, we allow, without a murmer, the family paper to lie upon our tables, with advertisements in it too disgusting to be described. The Archbishop of Canterbury "blushes" in his letter to the Directors of the Peoples' Palace for the bad taste of Owen Jones, in congregating so many naked figures together where modest females will presently resort. Yet the head of the church, if he take in the *Morning Post*, or the *Herald*, or the *Chronicle*, or if he indulge in the *Standard*, or *Globe*, of an evening, admits moral poison into his house of a thousand times more contaminating character than ever emanated from the most lacivious works of ancient or modorn art. That editors submit with shame and loathing to become the agents of the Jew harpies, who prey upon poor terrified human nature, we do not doubt; that they place their advertisements in the darkest and most unfrequented portion of the broad sheet, just as they would consign any other obscene thing to obscurity, we admit; but still the extraordinary fact remains, that the Press of England submits to become the paid agent of a gang of swindlers, whose black occupation it is to scatter dismay and ruin broadcast among the people. We know there are many honorable exceptions to this charge, but only sufficient to prove the abominable rule of the press in this matter. Among the daily journals, the *Times* and *Daily News alone* remain undefiled by this diurnal pollution; and of the weekly journals of the metropolis, upwards of twenty open their willing columns to receive it; while two hundred and twenty country papers — circulating in families, and read, as we know papers in the country are, from the first line to the last — print, not single advertisements, but columns of filth, of which the following is only an expurgated specimen:

"ON THE PHILOSOPHY OF MARRIAGE AND THE SECRET INFIRMITIES OF YOUTH AND MATURITY, WITH FIFTY COLORED ENGRAVINGS ON STEEL.

"In French, English, German, Dutch, Spanish, and Italian, in a *scaled envelope*, 2s. 6d., or post-free for 42 stamps,

SELF-PRESERVATION; An Analytical Investigation of the Physiology and Functions of Marriage, in all the bearing in which that important subject affects the health and happiness of man, with its Disqualifications and Impediments, tracing their origin to the effects of solitary habits, youthful excess, tropical climates, or close study; followed by practical remarks, founded on 20 years' experience in the treatment of impuissance, nervous debility, local weakness, spermatorrhœa, syphilis, and all diseases of the urinary and generative system. Illustrated by 50 colored engravings, on the anatomy of the reproduetive organs, and their relative conditions in health and disease.

"By Dr. SAMUEL LA'MERT, 37 Bedford-square, London, Marticulated Member of the University of Edinburgh (?), Honorary Member of the London Hospital Medical Society (!), Licentiate of Apothecaries' Hall, London, etc.

"Its perusal is particularly recommended to persons *entertaining secret doubts of their physical condition*, and who are conscious of having hazarded the health, happiness, and privileges to which every human being is entitled.

"Sold by J. Gilbert, 49 Paternoster-row; Hannay, 63 Oxford-street; Mann, 39 Cornhill. At home for consultation (or by letter) daily from 10 till 2, and from 6 till 8."

A little handbill, lately eireulated among news readers, ealeulates that the revenue derived from these loathsome announeements might be estimated as follows, and we are sure the estimate is rather under than over the mark:

Three advertisements in nine London daily papers

Cost at least		£3 780
"	tweuty weekly	1,400
"	220 eountry weekly	15,400
		£20,580

Thus the expeuse ineurred by these quaeks for the liberty of debauehing the public mind is upwards of twenty thousand a year. The reader may therefore imagine the amount of blaek mail levied upon the people by the Perrys, Curtises, and La'Merts of the Metropolis. The mere money loss to the eommunity is, however, a minor eonsideration to the pollution thus seattered in "sealed paekets" among our youth. Imagine, good reader, two hundred and forty-nine publieations daily aud weekly informing the million readers of Great Britain, maids and wives, as well as men and boys, that for forty-two stamps they ean learn all about "solitary habits," and have an "analytie investigation of the physiology and funetions of marriage," with "fifty eolored engravings on steel," to bring these hideous revelations down to the lowest eapaeity, and to suit them to the most prurient natures. One would think, that the mere insertion of the advertisements of sueh books would be sufficiently degrading and infamous; but the Press goes even further, and reeommeuds them to their readers for perusal. For instanee, appended to the advertisement of "Manhood," by J. L. Curtis, published in the *Morning Post* of November 19, 1853,—just sueh another work as La'Mert's "Self Preservation," we find the following reviews quoted:

"'Manhood, by J. L. Curtis.—We agree with the author, that, so far from works of this elass being objeetionable in the hands of youth, or diffieulties being opposed, every faeility should be given to their eireulation; and to strengthen our opinion we need but refer to the reeent distressing events of our military and seholastie aeademies of Carshalton and Woolwieh.'—*Naval and Military Gazette, Feb.* 1, 1851. 'We feel no hesitation iu saying that there is no member of soeiety by whom the book will not be found useful, whether sueh person hold the relation of a parent, preeeptor, or elergyman.'—*Sun, evening paper.*"

These advertisements, with the reviews appended, appear day by day throughout the eountry; they make the announeement that the editor of the *Sun* thinks everybody should be in possession of one of these sealed paekets, with their fifty colored engravings (females, of eourse, ineluded); they assert, that the editor of the *Navy and Military Gazette* is of opinion, that "every faeility should be given to their eireulation." Now, these notiees were either written by the editors of the *Sun* and *Naval and Military Gazette*, or they were not; if (as we believe) they were not, we eall upon them, in the name of outraged deeeney, to say as mueh, and to denounee those persons who attempt to give the warrant of their names to sueh infamous produetions. If, however, these notiees are genuine, why, their writers must have singular ideas as to the kind of literature ealeulated for youth—ideas, moreover, whieh had mueh better be eonfined to their own breasts.

The Post and the Press, then, are the two wings by whieh these quacks fly. The Press distributes the fright and alarm. and, as we shall in sueeeeding papers show, produees the disease; and the Post brings in the postage-stamps, and earries out this devil's library. The aim of these volumes is two-fold. Those who have, or imagine they have, eontraeted disease while in the exereise of their "manly-vigor," are presented with frightful pietures of progress of syphilis; while, on the other hand, nervous young men are led by these statements to believe themselves on the verge of impoteuey, from whieh nothing but the "Balm of Syriaeum," or some sueh fraudulent nostrum, ean save them. The very nature of the subject induees secreey and shame on the part of the patient; and, consequently, in nine eases out of ten, the "managemeut" of the ease is earried on through letters, the quaek not seeing his patient, but eontenting himself with receiving his "fees" and sending the "life-invigorating fluid." Woe be to any

man who is unwary enough to sign his name, when in communication with these harpies; if he do, threats of exposure to his friends speedily follow, which yield to the threateners a yet more abundant harvest. In those places of public resort where ammonia smells its worst, the little handbills of the same horrible fraternity stare you in the face; the newspaper and the urinal are alike made subservient to their ends. Led, perhaps, by these suggestive little documents, a patient, eschewing the pen, goes boldly to one of those kind gentlemen so ready to tend their "medical advice" to the wayfarer, and, of course, gets fleeced in some such manner as the following possibly, which we give as a model case, the accuracy of which we can vouch for:

A tradesman having committed an indiscretion, and fearing, from the slight scalding he experienced, that he had contracted disease, applied to one of this fraternity. Immediately upon his stating the case, the following little scene ensued:

Quack.—Be good enough to make water, sir. (*Makes water.*)

Quack.—(Inspecting the porringer, and starting back with a look of surprise,) Why, what is this? (Examines the water more narrowly, and places something in it which makes it turbid.) Look, here is the bad disease in your water. I will not undertake to cure you under five guineas.

Patient.—(Frightened,) But I have not so much money with me.

Quack.—How much have you?

Patient.—One sovereign.

Quack.—Give me that, and bring back the other four, and you shall have the medicine.

The patient does as he is desired, under the impression that no time should be lost, and no money spared, in the frightful position in which he finds himself. The five guinea bottle taken, another was prescribed as absolutely necessary. A third was ordered, and the patient had another interview, at which the following significant conversation took place:

Patient.—I really cannot afford to proceed with this very expensive medicine.

Quack.—You won't think of the expense by-and-bye, *when your nose begins to go.*

Patient.—I can't help that; I must now cease to take any more.

Quack.—(Very solemnly and gravely,) Good God, sir, I wish I had known your determination before. *You have made me your involuntary assassin.* The medicine I have given you has driven the bad disease into your bones; *there it will rot them,* unless you drive it through the kidneys by means of another bottle.

It is needless to say, the patient left in a still greater fright than before, with yet another bottle of medicine; and there is no knowing to what an extent he might not have been victimized if he had not sensibly gone to a regular practitioner, who relieved him of his anxiety and the pecuniary drain at the same time by informing him, that he was without disease at all. We feel that some apology is due to our readers for putting the case in a dramatic form; but we have given it word for word, as it was told by the patient himself to the medical man who at last came to the rescue; and, perhaps, in any other form, the terrorizing influence of such diabolical communications would not sufficiently strike the reader.—*London Lancet.*

On the use of Urea in Dropsy Supervening on Scarlatina.—When the dropsy supervening on scarlatina does not promptly yield to the ordinary methods of treatment, Prof. Maushner' of Vienna, sometimes employs, with success, urea, or the nitrate of urea, as a most powerful diuretic. This medicine he gives in the quantity of two grains mixed with sugar and divided into six powders, which are given at intervals of two hours. M. Maushner observes that he has not tried this medicine in a sufficient number of cases to speak with certainty as to its remedial value. He gives a report of two cases in which the urea caused the rapid disappearance of the anasarca.—*Journal für Kinder Krankheiten.*

Miscellaneous.

Physico-Medical Society.—There has been no meeting of this Society since our last issue.

CHARITY HOSPITAL.

Interesting surgical cases present themselves in the Charity Hospital much more rarely in summer than in winter. This season the wards have been unusually barren.

There have been lately two operations which may be mentioned—one amputation of the leg, one of the breast.

The amputation of the leg was rendered necessary by an injury received on a railroad. The circular operation was made, and the patient reacted pretty well. Gangrene of the stump occurred on the fourth day, together with secondary hemorrhage; this was arrested, but the patient sunk a week after the operation.

The amputation of the breast was for cancerous degeneration, of long standing. The axillary glands were but slightly affected. The patient promises to do well.

A case of compound comminuted fracture of the tarsal and metatarsal bones was brought to the hospital not long since. The case required amputation, but the patient, a stubborn fellow, refused to submit to an operation, and was at his own request discharged.

A case illustrative of the reparative powers of nature is worthy of mention. A man while using an axe nearly severed the great toe of the right foot. The cut extended from the first phalangeal articulation, diagonally downwards and inwards, dividing the phalanx completely. Considerable hemorrhage occurred, and the patient was brought immediately to the hospital. The cut being a clean one, without any laceration or comminution of bone, the attending surgeon determined on an attempt to save the toe. An apparatus was applied which accurately brought the divided parts in contact, and at the expiration of eight days, complete union, both of soft parts and bone, had taken place. A case somewhat similar to this and illustrative of the same principle, is related to us by the surgeon in whose wards the above observation was made. A ship carpenter let fall from a considerable height a drawing knife, with which he was at the time working. The instrument struck edge downwards upon the head of a comrade below, and together with a considerable portion of the scalp, separated a piece of the skull of the size of a dollar. The dura mater was exposed. The separated portion of bone and soft parts were adjusted and retained in position. Complete union took place in the space of ten days—the patient recovered.

A rather singular case of dislocation occurred not long since. A man jumped from the height of about thirty feet and landed in such a manner as to dislocate the metatarsal bone of the great toe. This was separated at the metatarso-phalangeal articulation, and thrust outwards, lacerating the skin and soft parts on the inside of the foot. The man was brought to the hospital with the bone protruding; reduction was made and the parts retained in situ naturale. The patient is now nearly well and there promise to be no deformity of parts, or stiffness of the joint.

As we write there are between two hundred and fifty and three hundred cases of yellow fever in the medical wards of the hospital. The admittances seem to be rather on the decline, and we are of the belief that the disease has attained its height. When brought in for treatment within the first 24 hours the disease is quit manageable, much more so than was the case last year.

Necrology.—Died, on the 25th of August, 1854, of yellow fever, Edwin Young, of Arkansas, for the last four months a resident student of the Charity Hospital, New Orleans.

It is with feelings of the most poignant regret that we announce the death of this estimable young man, who, by industry, devotion to his profession, and modesty, had endeared himself to all who knew him. He was a most dilligent student, and had already made himself respected for acquirements in his profession, of which he promised to become an ornament and a worthy member.

New Orleans, July 24th, 1854.

Editors New Orleans Medical News and Hospital Gazette:

Gentlemen—I take pleasure in transmitting to you, for insertion in your instructive journal, a new method of effectually curing scabies (itch) in the short space of three hours.

This method was discovered by Dr. Helmentag, resident surgeon to the City Hospital of Cologne, Germany, from whose Essay, entitled, "Exposition of a New Method of Treating Scabies," I have made the following abstract. As his system has been tried extensively in the German Hospitals and found to answer the most sanguine expectations, particularly in the City Hospital of Bremen, where 400 cases of scabies were treated last year, as is recorded by Dr. Bogel, assistant surgeon of the above institution, in a late number of the Medical Gazette of Hanover, I thought a short synopsis might not be unwelcome to the readers of your valuable journal.

The plan of treatment is as follows: As soon as possible after the admission of the patient into the hospital, his whole body is well rubbed with a quantity of soft soap, say from one to two ounces; this is done for the sake of cleanliness. He is then put in a bath of 27° R. or 93° F. where he remains one hour; the temperture of the bath should be maintained the whole time. The bath serves to soften the skin, produces termination to the surface and opens the channels of the scabies insect, *acarus scabiei.* After the bath the patient is dried with coarse towels and removed to an agreeable temperature. Now follows the last act of the treatment: this consists in frictions of the whole body, the head excepted, made with a solution of caustic potash, containing from ʒ1 to ʒss. of the active agent. This friction is performed by the nurse, who is directed to wear gloves during the operation, and make use of a ball of cotton saturated in the solution. The time consumed by this act is from a half an hour to an hour. The patient then takes a bath moderately warm, next a cold bath, dries himself well, puts on clean clothes, and walks off to his business.

Respectfully, yours, A. Bruuen, M. D.

Lying Advertisements.—We see by a number of the Revue de Thérapeutique Medico Chirurgicale, of Paris, that the question of the legality of quack advertisements has been finally settled, in a manner which cannot but be pleasing to the members of the medical profession in France, and singularly disconcerting to those scoundrels who trade upon the public credulity. By a late decision of the Cour de Cassation of France, it has been settled that those who, by aid of false certificates, lying advertisements, or other means, of a nature to induce belief in cures which they know have not been performed, and which cannot be performed, render themselves guilty of fraudulent actions, of such a nature as to induce belief in the existence of an imaginary credit, or chimerical power, shall, according to article 405 of the penal code, which provides for cases of swindling, be amenable to the punishments by that article specified.

Would that we could congratulate ourselves on a similar enactment.

Charity Hospital Report—From Aug. 14th to Aug. 29th, inclusive:

Admitted,	965
Discharged,	634
(of which 117 from yellow fever.)	
Died,	309
(of which 215 were from yellow fever.)	

Births, 3 males.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. SEPTEMBER 15, 1854. NO. XIV.

THERE is no city in the United States where the necessity of good sanitary regulations is so severely felt as in New Orleans, and no city where so little attention is paid to the public health by the authorities; epidemics of yellow fever may decimate us, cholera threaten or invade, infected emigrant ships sail unmolested to our wharves, our streets reek with the accumulated filth of months, the gutters overflowing with stagnant water drainage from cess-pools and the refuse of public houses, and yet no notice be taken by those whose duty it is to legislate for the public welfare. Is New Orleans so favorably located, is its general sanitary condition such as to render measures for the protection of the health of its people of no importance? It would seem so, if we judge by the apathy, the culpable indifference which has ever marked the actions of the so-called city fathers when measures of this nature have been agitated.

It was thought that the epidemic of last year had taught us a severe lesson —that it would have had the effect of awakening the authorities to a proper sense of their duties as guardians of the health as well as the pockets of the people, that some action would be taken, by which, if it were impossible to prevent the occurrence of yellow fever among us, its severity might at least be in part mitigated. It was thought that as far as preventive measures could act, we should be safe from a future irruption and spread of cholera, it was thought in fine by all those who have the general welfare of the people and the commercial prosperity of the city at heart, that a Board of Health was to be created, organized in such a spirit as to render its actions effectual in bringing about those reforms, which have become so necessary. A movement somewhat similar to this was made not long since in the City Council, an ordinance was drafted in which the outlines of a

Board of Health were defined, and sanitary regulations proposed. This, though imperfect, was, at all events, better than none, as its imperfections might have been remedied by time and experience, and it at least evinced a desire on the part of some members of the Council to institute a much needed reform. What was the fate of this ordinance? After being so altered as to become unrecognizable by its originator, and without being improved by the change it was thrown aside and forgotten.

With regard to the entire prevention of yellow fever among us by any means now known, we can say little that is encouraging. There are many who, wish seemingly good grounds, maintain that a rigid system of quarantine would be effectual; others who believe that if more attention were paid to the cleaning of the streets, drainage of the swamps, and the supply of good water, the scourge could be ultimately banished. We will not enter into a discussion of these subjects, but simply mention the fact that other cities which were formerly visited by the disease in an epidemic form, are now totally exempt from its ravages; whether its origin and spread was then due to any peculiarity of location or temperature, similar to ours, and which no longer exists, or whether it was of foreign origin we will not now investigate, but simply state the fact that the cities to which we refer are no longer subject to these epidemics—we are; they have instituted laws for the protection of the people's health—we have not. Would it not be well at least to avail ourselves of their experience, and if there be any doubts as to the origin of the yellow fever, to take advantage of them to the utmost of our power? As we have intimated our hopes with regard to the prevention of this disease are limited, but we believe that with a proper system similar to that adopted in other commercial cities, we may render ourselves in a great measure exempt from foreign infection, and enjoy at least a comparative immunity, against typhus, small pox and cholera. With regard to cholera, there can be no doubt that proper sanitary measures would prevent its ever becoming epidemic with us, perhaps prevent it entirely. The investigations of those who have made the disease a special study, all tend to prove that its increase is greatly augmented by impure air, filthy localities, foul clothing, badly constructed and crowded habitations, want and impurity of water; and moreover that the disease under many circumstances is highly infectious, that the infection may be carried from one city or country to another in filthy emigrant or other crowded vessels, by bodies of troops, etc., and although from its interference with important commercial interests, a rigid system of quarantine is not recommended, yet it is considered of paramount importance to

the welfare of a community, that each ship previous to arriving near a city, should undergo a thorough examination by a competent medical man, and that in cases where sickness exists on board, the vessel should be completely cleaned and purified, the clothes and bedding of the passengers washed or destroyed, the sick separated from the healthy and removed for treatment to a location at a distance from the port. This is all reasonable, and it must strike every one as being a system which could not but prove beneficial to this city.

In the present condition of our laws our citizens have no protection against disease of foreign importation. Ships with filth and disease enough on board to create a pestilence, come up to this city unexamined; in fact, not long since, a vessel with twenty or thirty cases of small pox was permitted to tie up at our wharves, and no notice taken of the fact further than a bare mention by the newspapers. Outrages similar to this may occur here every day, the lives of the people, and the most important interests of the city jeoparded, and there is no organization for prevention. No wonder New Orleans has such a bad reputation abroad for health; it is from want of proper sanitary laws, more exposed to foreign infection than almost any other city. This is well known. Throughout our own State if a report gets abroad of the existance of a few cases of cholera in the Hospital, it is at once magnified and a panic takes place, it is said that the newspapers conceal facts, that an epidemic exists, and soon all communication with the city ceases; even this summer it has been currently reported in our own and neighboring States, that there were an hundred deaths per day in this city from yellow fever. Such reports as this circulating abroad in summer, tend much to the prejudice of the city; how much more in the winter season, when commerce is active, when people visit us for purposes of business or pleasure, why thousand are spent elsewhere which would otherwise have found their way to us. This can all be prevented by establishing a proper system of sanitary laws, a proper Board of Health; statements concerning the health of the city coming from such a source would be believed in the country, and when the city was healthy we should have the benefit of it as far as inspiring confidence abroad and attracting business was concerned. But this is only taking a commercial view of the matter, we owe it to ourselves to protect our lives as far as possible. Why should there not be legislation to prevent disease as well as murder? They are both evils, and the first almost, if not quite as preventable as the second. The cost of carrying out sanitary measures would be comparatively trifling, and to say nothing on the score of humanity,

the good results financially to the city would be sufficiently ample to warrant the largest outlay.

With regard to the proper organization of a health department for the city of New Orleans, two plans have their respective advocates. One is, that it should be under the administration of a single officer, elected by the Council or appointed by the Mayor, with reference to his special knowledge of laws of health and such personal qualities as are presupposed in the office, with a salary sufficient to compensate such a man for the exclusive devotion of his time to the duties of the office, and with a tenure sufficiently long to test his own aptitude and the appropriateness of the scheme to the public wants.

Another is to have a Board composed of a large number of citizens from say five to a dozen, in whom the executive power of the department should lay. This is the organization of all former Boards of Health in New Orleans, and it might be sufficient to say that no scheme of intelligent men ever had such practical ill results, or rather no results as the past Boards of Health of New Orleans. The energy of such a Board is weakened in proportion to the number of wills through which its determinations have to be filtered, paralyzed by the absence of motive for the vigorous and conscientious discharge of its duties, for responsibility for evil cannot be fixed, nor can the merit for good be concentrated on any one member. Any unworthy subordinate can always find an apologist for his short-comings in such a Board, and it will necessarily result as heretofore in a machinery for tapping the public treasury with as little return in public services as possible. The sole alleged recommendation for a numerous organization in a health department, is the danger of individual wrong from lodging so great a power in a single individual as is required in one properly constructed. But checks on power may be so excessive as to defeat the object, the evils of too restricted a government may become as great as the most oppressive one.

Observations upon Tubercular Diseases.

By Warren Stone, M. D., *Professor of Surgery, University of La.*

A recent work by Hayes Bennet, entitled "Bennet on Pulmonary Tuberculosis," explains very clearly the principles upon which the present most approved method of treatment of tubercular phthisis is founded, and

the mode of operation of the principle remedies relied upon. No one will have the presumption to suppose that the pathology of this disease is entirely and accurately explained; for chemistry, however exact it may be when applied to dead matter, must be more or less at fault when applied to matter under the influence of the peculiar organic laws of the living animal; but it is sufficiently accurate to detect the difference between the various constituents of the blood in health and disease, and also to show the effect which various diets and medicines have in restoring the blood, when depraved, to a healthy standard. Upon the result of these chemical facts mainly has been built a theory which is undoubtedly so far correct, that it will never be upset, but may be vastly improved, in a practical point, by careful experiments and observations. This book is not one to be reviewed, for it ought to be read entire by every practitioner. But I will select a few passages as texts for some observations of my own. In speaking of the cause, Mr. Bennet remarks, that "the circumstances which precede the disease, clearly indicate imperfect digestion, and assimilation as its true origin. Thus, phthisis is essentially a disorder of childhood and youth; that is, of a period of life when nutrition is directed to build up the tissues of the body." He goes on to say, that an adult, who has grown up robust, from free exercise in the open air, and wholesome and generous diet, may have his diet diminished in quantity and quality without inducing phthisis; but if it is applied to children, it is a common result. The proper way to treat consumption is to prevent it; and with our present knowledge, this can be done almost without fail, if the functions of the stomach can be maintained. Look at the bills of mortality furnished by this one disease, made up mostly of the young and beautiful, and of those at an interesting period of life, when a young family is dependent upon them for support and moral guidance; and see what a vast field is open for the amelioration of human suffering, or rather for the prolongation of human life. The diathesis is no doubt transmitted to a certain extent from parent to child, but this can in a great measure be counteracted by proper management during childhood and youth. Those who are so unfortunate as to labor under a phthisical diathesis, scarcely ever think of overcoming it in their offspring by pursuing a course calculated to render them robust, but on the contrary take great pains to prevent the development of the disease, by the most delicate care, such as is calculated to impair the digestion and diminish the appetite; so that, instead of a strong, wholesome diet, they can only take such delicacies as

please a capricious palate, and the development of the disease at an early period is the almost inevitable consequence. The light, the sun, the free, fresh air, is as essential to the child in his growth as to a plant, and by the blessing of God, they are furnished without cost. Those that inherit a phthisical diathesis have generally a slender, delicate form, and a feeble muscular development, which can be almost entirely remedied by proper exercise during the period of growth, and this same exercise serves to maintain a good appetite and digestion, which, with proper diet, comprising a due proportion of plain dressed animal food, will insure a robust frame in most cases. The exercise should be such as is calculated to develope the chest, so that it can receive with ease, under all circumstances, sufficient air for free decarbonization of the blood; for the imperfect performance of this function favors the deposit of tubercle. If Ramage obtained great advantage, (as he undoubtedly did in many cases,) after the disease began to show itself, by the use of his long tubes and forced inspiration, how much more may reasonably be expected by similar exercise while the chest is in its growth. Another injurious system indulgent and anxious parents fall into which is almost as injurious as want of exercise, consists in dressing too warmly. This error in dress applies to adults as well as children; because there may be a few days in the course of the winter that may require a little extra clothing for comfort, a majority bundle up and swelter all the rest of the time, with no other effect than to prepare the system to take cold when a change in the weather does take place. The true way to dress, is to wear just enough to be comfortable in ordinary weather and undergoing the ordinary exercise, and make a temporary addition, if there is a great change of temperature, or if we are to sit or ride in the cold. No one can well take cold when awake and in action, and no one who has not created a false unnatural state, by his habits and dress, can well suffer from the sense of feeling cold. Who does not know the effect of going with neck bare constantly in preventing or rather avoiding sore throat? What is true of a part is true of the whole. We must accustom ourselves to all these exposures and slight vicissitudes which are so often unavoidable, and then, instead of being injured by changes to a lower temperature, we will derive manifest advantage from its bracing and stimulating effects. The error has grown out of the idea that phthisis often or generally arises from colds or catarrhs. If tubercles already exist in the lungs, there can be no doubt but a catarrh may aid materially in developing phthisis, or advancing it, but it has nothing to do with the

deposit of the tubercles, any more than if the effect of cold had been thrown upon the gastro-intestinal surface. The truth is, that in this unnatural, artificial, delicate, susceptible state of the system, brought about by effeminate habits, the effects of cold or vicissitudes more frequently fall upon the stomach and bowels, although all the important functions are liable to be disturbed, and hence the importance of guarding against it. This, then, should be the course with children, in order to counteract any hereditary diathesis, or to prevent its acquisition, and to establish a good substantial frame, capable of allowing full play to all its important organs. This physical training should take precedence of all other, or at least go hand in hand with the cultivation of the mind, and if both cannot be had, the latter should give place to the former. Those who have inherited the diathesis, should be put upon their guard, so that they may observe the first change that takes place in the series that occur and end in consumption and death. While the mind is free, the appetite and digestion good and everything is going on undisturbed, tubercles will not be deposited, but if anything occurs to disturb the system, the appetite is impaired, the skin begins to lose the hue of health and slight emaciation may be observed without any sufficient cause apparent. These causes whatever they may be, whether moral afflictions or physical causes that tend to disturb and depress the system, would, in a healthy, robust subject produce slight indisposition only, that would disappear with the cause, but in one with the phthisical diathesis tubercular deposits would be the consequence. It is the duty of the physician to adopt a proper course at the very commencement of the general disturbance, and not wait until unmistakable signs of phthisis make their appearance. I would not undertake to say that cod liver oil is always to be given, but there can be no doubt that it more readily supplies the deficiencies in the blood than any other substance, and is more easily assimilated than any other fatty substance; but this, to be useful, must be properly assimilated, and many things may be given to improve the state of the stomach, and favor the introduction of the oil into the system. It is hardly to be supposed that in this state of mal-assimilation, there is uniformly but one deficiency in the blood. The preparations of iron have often a good effect upon the stomach in improving digestion, and also upon the blood which is often deficient in coloring matter. A physician in the West, Dr. McDowell, made phthisis a speciality and gained some celebrity in its treatment before cod liver oil was in use. In addition to a generous diet, he relied mainly upon iron, and I

think the sulphate was his favorite preparation. I prefer some of the other soluble preparations. I brought before the public two or three years ago the idea of Benecke, of the use of the phosphate of lime, and further experience confirms me in my opinion of its value, but it would be unreasonable to expect it to be applicable to all cases. Benecke's theory is based upon the facts, that phosphate of lime is essential to cell formation in all organized beings, and that in phthisis and scrofula generally, when there is emaciation, it is found in excess in urine. I think it is most appropriate when there is a dingy, unhealthy hue of the skin, showing bad assimilation and appropriation of the nutriment. I have observed the most decided and happy effects in children who were emaciated and of unhealthy color and disturbed in their bowels, and when ossification would not take place after fractures, and when ulcers were slow to granulate, showing its influence upon the nutritive process. Vegetable bitters may be of service by improving the tone of the stomach, but plain stimulants, I believe, as a general rule, are better, taken either at the time of eating, or just after. Some injurious articles have been written to show the general and direct good effects of brandy and other alcoholic liquors in phthisical subjects, but I think it is entirely indirect, and confined to the improvement in nutritition. According to Mr. Bennet, cod oil is readily digestible under circumstances when no other kind of animal food can be taken in sufficient quantity to furnish the tissues with a proper amount of fatty material, and its effects are to nourish the body, which increases in bulk and vigor; to check fresh exudations of tubercular matter, and to diminish the cough, expectoration and perspiration. It is not necessary for a consumptive person to live on oil, like an Esquimaux. It is given for a specific purpose, and when given early as a preventative, it is only to establish fully the usual state of health, and as soon as digestion is established, proper exercise and suitable diet will maintain it, and should the disease be developed, I think that if the blood is restored to its normal condition, we have effected all that the oil is capable of, and if the appetite and digestion is good, we may relax the use of the oil, and resort to it when the stomach will not take sufficient animal food in a more palatable form. We may fatten the patient by giving large quantities of the oil if the stomach will bear it, but I do not think the disease is improved by giving more than sufficient to establish a healthy proportion in the constituents of the blood. The fourth and last chapter of this book is devoted to observations upon the use of local applications to the pharyngeal and laryngeal

diseases which the author says are frequently mistaken for, or associated with, pulmonary tubercuIosis. The appearance of the part is described in one case, in which a strong solution of the nitrate of silver was used with relief. He says, the fauces and upper part of the pharynx were studded over with nodular swellings, varying in size from a pin's head to that of a pea. Many of them were bright red and fungoid in character, whilst considerable patches of purulent matter adhered to several parts of the mucous membrane. Several cases are related, and due credit is given to Dr. Green, of New York, who is beyond doubt entitled to great praise for the light he has thrown upon the treatment of affections of the throat, larynx, etc.; but this treatment, to my view, is applicable only to inflammatory affections, with the exception of an occasional case of constitutional disease, where there is morbid sensibility, when local applications may be useful in connection with constitutional treatment, but only of temporary service without it. Perhaps these chronic inflammatory affections of the fauces and larynx are more common in Edinburg than in our section of the country, and the scrofulous softening, which (with the exception of the bright redness) resembles in appearance very much the case described above may be much more frequent here than they are there, but it is certain that it is not often that these chronic affections of the throat are cured by local applications alone, and it is very important to distinguish between mere local disease and constitutional disease manifested locally. This scrofulous affection of the throat seems to correspond to Wilson Philip's dyspeptic phthisis, and the stomach and bowels are generally more disturbed than when the diathesis shows itself upon the lungs. This affection of the mucous membrane, is, I think, more likely to occur unmixed with phthisis in young subjects. In children, it often locates upon the bowels, and the mesenteric glands are accused of the mischief. In children, it more frequently fixes upon the throat, and may extend to the various ramifications of the mucous membrane in the fauces, and not unfrequently it locates upon the vagina and uterus, giving rise to leucorrhea, and if it occurs at puberty or later, there is menstrual disturbance. My attention was called to this manifestation of this diathesis upon the uterus some years ago. I was consulted for a case of vaginal discharge in a young lady, who had a large family connection who were of a scrofulous diathesis, and I found the family very much alarmed, because several members had been similarly affected, and it had ended in phthisis. Subsequent observations satisfy me that this is a very common affection. I

have seen several cases of discharge from the antrum of a muco-purulent character, when the general aspect indicated this diathesis unattended with pain, which have yielded to constitutional treatment. These affections, of course, may appear at any period of life, but frequently in connection with phthisis when the character of it is not so likely to be mistaken. In the treatment, the cod liver oil will be found as useful as in tubercular affections; for there is the same deranged nutrition dependent upon the want of assimilation of fatty matter, but in addition, I think the mineral tonics, such as iron, are of essential service, and the phosphate of lime appears particularly applicable. Sydenham's white decoction, which is mainly a compound of gelatine and phosphate of lime, is a favorite remedy with the French in chronic affections of the bowels of children, and they will often fatten upon it. Local applications may be of some service where they can be properly applied, but they must be made much milder than is the present custom. I am fully convinced of the importance and efficacy of the application of a strong solution of the nitrate of silver or of caustic in substance to certain mucous inflammations, and also to unhealthy ulcers; and I am as fully convinced that there is a limit to the usefulness of these applications, even when applied to diseases in which they are appropriate, but in the affection under consideration, I have never seen strong applications of any use. Gentle, astringent and stimulating applications are generally useful, but the main dependence is upon the constitutional treatment and the restoration of healthy nutrition. This is an important subject, and shows the importance of correct pathology. Until lately, medical science has been under the influence of great minds with a single idea. The system of Brown, who stimulated everything, was successful, until that great genius Broussais discovered that everything morbid was an increased action to be regulated by blood-letting, starvation and counter stimulants, who was in turn equally successful. About this time, Andral ventured to assert and maintain, that tubercle and other morbid changes were not the result of inflammation, but vicious nutrition, and the idea has been acted upon until there is danger of our losing sight of the valuable lessons taught by Broussais. Let us look well to pathology; let us treat inflammation with all the rigor it deserves; let us feed well and encourage the digestion of those who are feeble and poor in nutritive fluid, and restrain those within wholesome limits who are robust and of an opposite temperament. In a word let us endeavor to treat everything as it deserves, walk on our own feet, and leave hobbies for quacks to ride.

Reflections on Yellow Fever:

ITS CAUSES, PATHOLOGY AND PRINCIPLES OF TREATMENT.

By E. D. Fenner, M.D., *of New Orleans.*

I have expressed the belief, that yellow fever originates from the combined influences of decomposing animal and vegetable matter, and a peculiar unknown constitution of the atmosphere; but, I confess, this is only *a conjecture*, and shall not attempt now to give the grounds of my belief in it. So far as I have been able to ascertain, the *true and real cause* of the disease is as yet *unknown*. Whatever it may be, however, long and careful observation of its effects has led me to the conclusion, that it is most probably a *subtle, material poison*, that floats in the atmosphere, and enters the human system by *respiration;* first getting into the current of the circulation and thereby carried to all parts of the body. This, too, is but *a theory* that cannot be demonstrated by positive proof, yet it may be strongly supported by the analogous effects of certain known poisons upon the system. It appears to me, that the phenomena observed in an attack of fever bear a strong resemblance to a conflict between the vital powers and certain poisons which we have known to be introduced into the system; that in some instances these powers are capable, unaided, of *resisting or overcoming* the poison, and of doing so in many cases with the aid of medical skill; but in others, they are totally unequal to the task, with whatever aid they may receive, and that *in such*, death must be the inevitable result. I have known yellow fever run through all its stages and terminate in recovery without medical aid. I have more frequently seen cases thus unaided terminate in death. Such cases as these are valuable to the medical observer, as showing the natural history or course of the disease. I have seen many cases *cut short and cured* in the first stages of the disease, thus making an *abortion* of its natural course. On the other hand, I have seen attempts to produce this result *fail*, and the effects sometimes prejudicial. I have seen a great many cases of yellow fever conducted to a favorable termination by medical skill, which I confidently believe would have died without such aid. On the other hand, I think I have seen cases that were *injured*, instead of being benefited, by the treatment pursued. I have known cases which appeared to be *doomed victims* from the moment of attack, and which I believe could not have been saved by any remedial means now known. In addition to these observations, I may say I have seen persons whose systems were capable of resisting the morbific

cause, and never experiencing its delcterious effects, although fully exposed to it, and witnessing the death of thousands around them. Some escape through violent epidemics, such as the last in this city, and are attacked subsequently, when but little of the disease is prevailing; several instances of which I have recently witnessed.

Our theory being, then, that yellow fever consists in a series of morbid phenomena and lesions produced by an aerial poison that finds its way into the human system, the *sum total* of these phenomena and lesions must constitute the pathology of the disease. The symptomatology of yellow fever has been most accurately given by many acute observers. The same may be said respecting the *post mortem* appearances of all parts of the body, excepting the blood. So far as I know, the changes that take place in this fluid from the beginning to the end of the disease have not yet been satisfactorily demonstrated; but the chemist and microscopist are engaged in the work, and we may hope for important results from their labors, in the course of time. I am not aware that examinations of the dead body have thrown much light upon the pathology of yellow fever, or afford us much assistance in the selection of the most beneficial remedies.

Treatment.—In regard to the treatment of yellow fever, the grand object and aim of all our investigations, I am quite at a loss as to what I should say. Almost every imaginable plan of treatment was pursued in the last epidemic, from the mildest to the most heroic, and with results as various as the plans. It would be impossible for me to describe all the different plans pursued, and I must therefore confine myself to a few general remarks on this topic.

Some cases were known to recover without any medical aid whatever. Many physicians say they succeeded best with a comparatively mild and gentle course of treatment, taking the range of all the most approved remedies in the disease, but using them in moderate doses, and according to the indications apparent in the natural course of the disease; whilst others again undertook to cut short and cure the fever by the prompt use of powerful remedies. From 1847 to 1853, I succeeded in doing this myself, as did several other physicians in New Orleans, in a very satisfactory manner, by large doses of the sulph. quiniæ and opium at *the onset,* followed by moderate doses of calomel or blue mass. These were the chief remedies relied on, though others of less force were used as *adjuvants.* In my published accounts of this practice, I admitted that the type of yellow fever thus so readily mastered was mild, and that it remained to be seen whether it would succeed equally well in a more malignant type of the

disease. Candor requires me now to state that this abortive practice did not answer my expectations in the late epidemic, and that after giving it a fair trial, I abandoned it and fell upon a milder course of treatment, which proved more satisfactory. I finally dropped the sulphate of quinine altogether, and resorted to the ferroeyanuret, in combination with blue mass and sometimes morphia. Experience has taught me that quinine is most beneficial in *the first stage*, and that it should rarely be ventured on, even so late as the end of the second day. I do not recollect ever to have seen good effects from it when given in large doses after the second day, but often the contrary.

I believe that quinine operates in two ways: first as a *specific antidote* to the fever poison; and second, as a *powerful depurator of the blood*, by the copious perspiration it induces. Now if this view be correct, it may readily be conceived why this remedy should produce its happiest effects in the *first stage* of the disease, as it is then that the supposed poison is floating in the current of the circulation; then the purturbation of the system is chiefly if not entirely functional, and has not continued long enough to cause *organic lesion* of any important part. That quinine, when administered by the mouth, rectum, blistered surfaces, and even by inhalation through the lungs, does readily find its way into the blood, and is eliminated in the urinary secretion, has been completely demonstrated and must be admitted as a fact. In regard to the *perceptible* effects of quinine on the human system, we see none that may not be equally or even more powerfully produced by other remedies; yet none of these remedies display such decided curative power in the treatment of fevers as quinine. Hence, we are led to the inference that quinine must possess *specific virtues* in these affections. Dr. Boling, of Alabama, and others, have asserted that quinine is highly beneficial in pneumonia and some other inflammatory diseases occurring in miasmatic districts; and so have I, but I have not observed like good effects from this remedy in the inflammations that commonly supervene in the course of idiopathic fevers, such as cerebritis, gastritis, gastro-duodemitis, etc. When these organic lesions set in, they require special attention. I know of no remedy but *cinchona* that possesses *specific virtue* in the cure of our Southern endemic fevers. We may bleed, sweat, purge, puke, stimulate, depress, heat, cool and vesicate; and doubtless the judicious application of such means often affords very great assistance to the constitution in its struggles against the deadly assaults of these fevers; but that is all they can do. But we find in *cinchona* a remedy, which, if introduced into the system *early enough and in sufficient*

quantity, possesses the power of *curing* these diseases in a great many instances, without any other aid whatever.

So early as the year 1800, two distinguished Spanish physicians, Drs. Lafuente and Bobadilla, (the former consulting physician to the royal armies,) discovered and published to the world that the malignant yellow fever prevailing in Spain at that day could be *completely cut short and cured by from six to eight ounces of Peruvian bark, taken within the first forty-eight hours of the attack.* Their dose was two or three drachms repeated every two hours, commencing immediately after the chill. At first they gave a gentle emetic, "to clean the stomach," but this practice was abandoned, because it often left the stomach so irritable that it could not retain the bark. They gave some cream of tartar with the first doses, for the purpose of opening the bowels; but this was afterwards found useless, and finally *the bark was relied on alone*, and the success was extraordinary. "Of ninety-seven persons who were attacked with this fever in the village of Barreos and who took these six or eight ounces of bark within forty-eight hours of the attack, commencing from the first to the eighth hour, all quelled the disorder in its origin, one excepted, who perished, having at the same time an attack of the gout. Of eight, who took the same quantity, commencing from the eighth to the tenth hour, all were cured. Of five who began to take it from the tenth to the twenty-fourth hour, three recovered and two died. Of seventeen who began the third and fourth days, eight recovered and nine died; and finally, of eighty-nine who were treated as they chose, but in a different manner, (including the sudorific plan,) only twenty recovered."*

This would appear to show not only the wonderful powers of cinchona in the cure of yellow fever, but also that the physicians of the present day were anticipated by a long period in this practice of curing yellow fever with the alkaloids derived from that article.

I do not maintain that quinine is *the only remedy* that is beneficial in yellow fever, or that what is called the quinine treatment is the only one that can be relied on; on the contrary, I have not the least doubt that the skilfull use of other remedies, together with careful nursing, may enable the efforts of nature to overcome the disease in a great majority of cases, without the use of a single particle of quinine. A few years ago, the late Dr. Luzenberg and several of our French physicians treated

*New Orleans Medical and Surgical Journal, vol. 4, p. 248—extract from Philadelphia Medical and Physical Journal for 1808.

yellow fever quite successfully almost with the *lancet alone.* Some of our physicians who were formerly much prejudiced against quinine in yellow fever, now prescribe it freely; whilst others who once considered it almost a sovereign remedy in this disease, now prescribe it very cautiously. That this invaluable medicine was often injudiciously prescribed, and sometimes produced injurious effects in the last epidemic, cannot be denied; but this is not sufficient cause for condemning it entirely. On such grounds, every potent remedy in the materia medica would be *ostracized* at once.

[*To be concluded in next number.*]

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. XIV.

Syphilitic affections of mucous membranes are as various as those of the skin, and every portion of mucous membrane which the eye can observe in life, is, like the skin, subject to become the seat of secondary symptoms. I have already stated that *primary* symptoms may effect all mucous membranes, and that probably all accessible points of mucous membranes have already presented examples of such infection. The margin of the rectum, the cavities of the vagina, the neck and cavity of the uterus, the mouth, the nasal fossæ, have all been the seat of chancres. Therefere, we must always be on our guard in making our diagnosis, and never confound primary with secondary symptoms. The antecedents, when the patient has no cause for concealing them, the number of ulcerations, the accompanying phenomena, their progress and their results, are all characters by which we can arrive at a rational diagnosis; but there are circumstances in which we are obliged to have recourse to artificial inoculation, in order to satisfy us as to the nature of a sore. The nearer mucous membranes are to the skin, the greater their tendency to be affected, and consequently the mucous membranes covering the mouth, throat, and lining the prepuce and labiæ are the parts most often affected. When the early forms of syphilitic affections make their appearance in the mouth, they are generally seated

on the internal portions of the lips, cheeks or isthmus of the fauces. The throat and tonsils, then, are very often affected, and we can readily conceive it, for these parts, from their functions, are frequently exposed to changes of temperature, and first feel the effects of all excesses. Syphilitic tonsilitis is then a very frequent occurrence, and a very characteristic phenominon is, that the affection is never acute enough to be accompanied by fever. The most frequent form is the erythematous variety. A redness appears on the surface, forming an erythema of the mucous membrane, which may, and often does pass unnoticed, as it is difficult to distinguish it from the natural redness of the part; or the surgeon may suppose that the patient is suffering from common sore throat. The affected part, however, soon becomes prominent, and the centre of the red circle becomes pale, extending in size until it attains that of a dime. Very often several points take on this appearance, and mingle; thus neither the circular nor semi-circular appearance persists, but the affected points present an irregular patch of whitened epithelium, as if a piece of caustic had been passed over the mucous membrane. Some doubt still remains among pathologists as to the real nature of this lesion; whether it be a simple ulceration or a diphteritic secretion. My opinion, however, is that it is the secretion of a diphteritic membrane, as these whitened spots are raised generally above the level of the surrounding healthy mucous membrane.

Sometimes this affection may be taken for *aphthæ*, which frequently show themselves on the tongue, on the lips and commissures of the mouth, and especially among smokers, but a little attention paid to the appearance of the two varieties will always enable us to distinguish them. The mucous membrane of the mouth among smokers is shrivelled up, the tissues are thickened and of a greyish color, the membrane itself seems to have been tanned, and the eruption is never so well circumscribed or so well defined as in the specific affection. This, on the contrary, makes its appearance here and there in the mouth, having either a circular or semi-circular form and planted in surrounding healthy tissues, and looking as if it might be scraped off; whilst in the other affection, the whole thickness of the membrane seems to be implicated. Another affection with which we should never confound this specific affection, is *mercurial stomatitis*. A differential diagnosis, however can always be easily made. In the first place, mercurial stomatitis, without the introduction of mercury into the system, is impossible. Besides, mercurial stomatitis is generally ushered in with acute symptoms, such as fever, sometimes pain in the

jaws, a neuralgie pain following the course of the fifth pair, a disagreeable metallic taste in the mouth, increase of the salivary secretions, and the mercurial fetor, easily perceptible in the breath. The teeth become painful and seem to grow out of their sockets. This affection proceeds generally from behind forwards, and it is always in the neighborhood of the wisdom teeth that we notice the first alterations, such as an erythematous blush, œdema. Whenever the mucous membrane is subject to any pressure, we notice depressions and indentations which are soon followed by ulcerations, with a diptheritic exudations. These inflammatory symptoms may increase, and in bad constitutions produce gangrene and sloughing of the soft parts, with caries of the bones. In this affection, it is the lower jaw which is generally affected; and a fact worthy of notice is, that persons without teeth can never be salivated. Mercurial stomatitis, when left to itself, generally runs its course in from two to three weeks, and never goes beyond the isthmus of the fauces. When the tonsils are affected, then we have the concurrence of other causes besides mercury. In this last affection, engorgements of the salivary and lymphatic glands most always take place. In syphilitic *plaques muqueuses* of the mouth, we have none of this paraphenalia of acute symptoms, and the little patches of white exudations, more or less circumscribed, seemed to be deposited here and there in healthy surrounding tissues.

These early syphilitic manifestations generally affect the bucal cavity itself, while later symptoms always have their seat in the pharyngeal regions.

The circular form assumed by this affection of mucous membranes convinces me that this eruption is nothing else than a modification of the squammous cutaneous eruption which so frequently accompanies it. Like the mucous papules of the skin, these plaque muqueuses of mucous membranes constitute probably the best pathognomonic sign of secondary syphilis; like the former, they are not dangerous, disappear easily under the influence of a mercurial treatment, and are also reproduced with the greatest ease, when the treatment has either been insufficient or improperly conducted.

The tonsils sometimes become affected and may enlarge, almost obstructing the breathing; at other times, they are seen presenting so many cracks and crevices, and the patient experiences intense pain in swallowing. The tone of voice is affected, becoming husky, and sometimes producing complete aphonia.

The symptoms consist at first in slight pain or stiffness, felt during

deglutition; and frequently the first occurrence of the complaint is observed from the difficulty of swallowing hard substances. With this difficulty only, a slight redness of the fauces may be detected; but sooner or later, the bleached appearance of the epithelium follows.

Other varieties of affections of mucous membranes, less characteristic than those spoken of above, but more serious in their nature, whether they be situated in the cavity of the mouth or in the nasal fossæ, are the result of a morbid process, similar to that which takes place when tubercular and deep ecthymatous eruptions are produced on the skin. More or less extensive ulcerations are the result — ulcerations which destroy the parts, and which present just such an indurated base as we observe in ulcerated tubercles of other regions.

The *vellum palati* and nasal fossæ are frequently the seats of such lesions, and the slightest redness or pain affecting the region in suspicious persons should warn the surgeon that great mischief may be done in a very short time.

[*To be continued in following numbers.*]

Miscellaneous.

Physico-Medical Society — *Session of September* 2, 1854 — *Dr. R. Bein, President, presiding.*—Doctors McKelvey and Moss reported having seen a few cases of yellow fever in private practice. Dr. Moss had also seen several cases of bilious fever, one of typhoid and one of cholera.

Dr. Henderson had seen nine cases of yellow fever, one case of vomiting with colapse similar to cholera. Dr. H. mentioned the case of a female affected with numerous carbuncles which terminated in exhaustion and death.

Dr. Hunt said he rose to announce and to have formally recorded in the history of the Society, the appearance of yellow fever in New Orleans.

A patient, afflicted by this disease, entered the Charity Hospital on the 13th of July, and died on the 14th of July.

A second entered the Hospital on the 19th of July, and died twenty-four hours afterwards. From the 19th of July to September 2d, 1854, the records of the Hospital showed daily mortality from yellow fever, which increased progressively from its first appearance up to the present time.

The editor of the New Orleans Medical Journal for September, 1854, records two deaths of yellow fever in the month of June. One death occurred on the 12th of June, under the treatment of M. M. Dowler, M. D., and the other death occurred on the 17th of June, under the treatment of Dr. Meighan.

A patient is reported as having died in the Luzenberg Hospital on the 1st day of July, who was a baker by occupation, and resided in Lafayette, remote from

the river, and was confined constantly, for weeks previous to his attack, to the bakehouse.

From the 19th of July till now, no day has passed without a death in the Charity Hospital.

Every portion of the city has been invaded by the epidemic. The Third and Fourth Districts have suffered most.

On the Levee, in different situations; in Jackson street, Lafayette, near the Railroad Station; on vessels from Havana; on others near them; on others far remote from them; on steamboats and other river craft; in several parts of Poydras street; in Circus street, Gravier street, Common street and Canal street, the most central point in the city; in the vicinity of St. Mary's Market; indeed, throughout every part of the First District, I have ascertained that cases of yellow fever have occurred.

The history of the origin of the disease, and the present condition of the sick, prove that the cause of the epidemic is diffused through the whole extent of the city.

The origin of the yellow fever is, and always has been, independent of contagion. There must be a first case generated in man. The history of this disease shows that where it prevails in cities, it generally originates, and is most fatal, in low, damp, filthy and crowded localities.

The sanitary condition of our city demands public attention. The corporation of New Orleans has always exhibited most culpable neglect of everything essential to the health of the city.

An epidemic now exists; where is the Council? Why, they are never in session.

Walk along the Levee, and inspect the wharves; around them and under them are deposited the offals borne by the river from the country, and the offals of the whole city. These large accumulations of animal and vegetable matter, in a state of putrefaction, are seething laboratories of disease. Here the noxious poisons of epidemics are most concentrated, and their effects upon man most malignant and fatal.

In all zymotic diseases, mortality increases in such localities.

New Orleans is built on alluvial soil; the city is not properly graded; very many lots require to be filled, for at present, after a rain, they become stagnant pools, in which the summer sun engenders foul gases. Drainage is very imperfect; night soil is accumulated in every habitation; scavengers' deposits are made in the immediate vicinity of the city, on land, or, are thrown into the Mississippi from the wharves, about which decomposition occurs. The hovels of the indigent are built with utter disregard to the health of the tenants. The poor are not supplied with water, notwithstanding, eight months of the year, we have to protect ourselves from inundation. The water-works are too small and mean to supply the inhabitants. There is no under ground sewerage.

More than two-thirds of this community believe yellow fever originates here from local causes, whilst the remainder of our citizens believe it to be imported. There is perfect unanimity of opinion, however, in favor of establishing sanitary laws and regulations to preserve the public health. But what have our Aldermen done? Our present city government is a disgrace to New Orleans, a disgrace to the United States, a disgrace to humanity. When will our corporation do their duty towards the citizens? Must the earth quake before they are roused to a sense of their danger?

Call to mind the spectacle of last year's plague, when hundreds of the dead were daily borne to their graves, and are you not astonished at the apathy of the guardians of the public health? Our politicians talk much about railroads and internal improvements amongst us, but they forget to care for the health of the builders of public works. Our Levee, our streets, our lots, are in a most abominable condition, which must engender and spread disease. Good drainage, by under ground sewerage, with an effective sanitary police; removal of night soil and other noxious matter through the sewers into the bayous and lake; cleanliness; sanitary wharf regulations, which would secure the conveyance of all decomposing animal and vegetable matter into the channel of the Mississippi;

laws requiring wholesome buildings to be erected for the poor, and to prevent the crowding of apartments in small tenements; an abundant and cheap supply of water to every inhabitant of New Orleans, together with a commercial inspection of ships and vessels, which must prohibit every vessel from approaching our Levee unless she is clean, and her passengers unaffected by communicable epidemic diseases.

By devoting their attention to these points, the Council would effect much to preserve the public health. The moist alluvial soil of the Mississippi, exposed to a tropical sun, where sanitary regulations are neglected, is a hot bed of disease. It is idle to talk of the importation of yellow fever from abroad, when there exist causes sufficient to produce it at home.

Dr. H. remarked, the yellow fever of this season was identical in its character with every yellow fever epidemic which he has witnessed. The signs of the disease, the symptoms, the phenomena which occur during the disease, and the terminations of the disease, are the same as he has always observed, and as are recorded by medical writers.

The treatment of yellow fever must be conducted according to the peculiarities of each particular case confided to the physician. There can be no specific method or routine applicable to *any* fever. Symptoms must be met as they arise, and as these vary in every patient, all the resources of medical science are brought into requisition to prevent a fatal disorganization of the system.

Different routine methods of treatment have been resorted to by physicians ignorant of their real effects, such as the calomel treatment, and the abortive method by quinine, as it has been fashionably called. The advocates of these systems, however, vacillate in their empirical opinions. Because, to cure a disease, they pour medicines of which they know nothing into a body of which they know less.

No exclusive mode of treatment can be pursued judiciously in yellow fever. The good physician must stand by each case, and treat the symptoms as they appear. Modern medical science, when applied to the treatment of yellow fever, requires a thorough knowledge of therapeutics and materia medica.

There are cases which require general depletion at the commencement, or early in the disease—cases of plethoric persons, who in the ardent fever are threatened with apoplexy of one or more organs. In my pathological examinations, I have found large clots of blood effused in the brain and between the meninges during the first thirty-six hours of disease. No one could doubt that in these cases febrile apoplexy was the cause of death.

In cases of plethora, where ardent fever exists, many practitioners, without regarding the apoplectic condition of the patient, have destroyed life by using large doses of quinine and opium, without previously taking blood from the system. Such practice cannot be too strongly reprobated. Forty grains of quinine and forty drops of laudanum, administered in one dose in the hot stage of malignant yellow fever, must lead directly to apoplexy, when depletion is neglected. But when depletion is properly resorted to, previous to using quinine, then the beneficial influence of this agent is experienced by the patient, and observed by the physician. The benefits derived from quinine in the early stage of yellow fever, when used by the scientific physician, are incalculably great.

Quinine is a most dangerous remedy in the hands of the ignorant routinist.

I have said there can be no routine system or method of treatment adopted in yellow fever. I think I have proved some cases require depletion.

Patients are sometimes attacked with the fever in an ataxic, adynamic or depressing form, with the pulse small and frequent; the skin cold, clammy and pale; the mind dull and torpid. In such a case depletion would be most injurious; but stimulating applications externally may be freely used, and quinine and other diffusible stimulants judiciously administered.

In a case which occurs in one who has just eaten a large meal, the stomach must be emptied before any other treatment can be applied.

Where the disease attacks one laboring under diarrhœa astringents are required.

When the patient is much constipated at the time of attack, purgatives and enemata are indispensable at the very commencement.

I think I have established the proposition that no specific routine method of treatment can be scientifically applied by the well-informed physicians of this age.

'T is a question among medical philosophers whether a cure is ever effected by medicine, though it is admitted by all that many cases work their way through fortunately. It is in such cases that homœopathy is sometimes considered successful. If, however, we examine the medical history of yellow fever, the mortality of the disease, when not treated by physicians, has been most frightful. In the British, French and Spanish armies, when the disease, from the death of medical officers, has been left to run its course, the loss experienced has amounted to two-thirds. In the epidemic at Malaga, in 1803, and in one at Xeres, where mild Spanish and French treatment was employed, (that is to say, only a few domestic remedies,) one-third of the population was swept off. Last year's list of deaths is a black record against homœopathic quackery amongst us. But in the practice of good physicians, based upon sound principles of physiology and pathology, although the yellow fever was very malignant in its character, the results were favorable to life, and redounded to the honor and triumph of true science. Few practioners of reputation lost more than one in eight. Of the seven thousand eight hundred deaths by yellow fever in 1853, there were more than five thousand six hundred which occurred in public institutions, where the patients rarely entered in the first stage, and hence were not amenable to scientific treatment.

Of the twenty-two hundred that occurred out of the public institutions, it will be conceded, two hundred, at least, of the patients were either treated by quacks or failed to procure the early attention of good physicians. There were no less than twenty thousand persons attacked, amongst whom the mortality was two thousand.

Honor, then, to the medical profession in New Orleans, who have justly regarded the principles of their profession as only to be acquired by scientific labor and study at the bedside of the sick. Their success under the circumstances, in treating this most malignant epidemic, was remarkable.

Dr. Hunt concluded by stating that he had made these remarks without preparation and hoped that the public attention would be attracted to the importance of hygiene and sanitary laws.

Dr. Axson had seen two cases of yellow fever, a few cases of acute dysentery, and some cases of dry *belly-ache*. In reference to these latter, Dr. A. remarked that he had been formerly in the habit of treating these cases with purgatives and opium, but has changed his plan of treatment, and was now deriving material benefit from the use of iodide of potassium and morphine; and that the beneficial effects resulting from this plan of treatment satisfied him entirely of the intimate connection of this disease with lead-poisoning.

Dr. A. mentioned two cases, a boy and a girl, in which he suspected lead of being the cause of mischief. These children had been living at Pass Christian and had made use of water from a well recently dug. One child was perfectly well and the other recovering from an attack of sickness at the time that they went across the lake. The girl, two years old, was affected with vomiting and was treated for worms, by cathartics, without any beneficial results; in two days she became paralyzed. She was brought to the city where Dr. Axson saw her. He found every portion of the body completely paralyzed, with the exception of the tongue; the intellect was clear, the appetite voracious, there was some irritability of temper. He placed her upon the use of tonics, especially *nux vomica*. After taking this for some time her condition improved materially, and she became cheerful. Soon after an eruption, resembling urticaria, made its appearance, and in 24 hours she died. The other child took sick, also, and was treated likewise for worms. He too was placed under Dr. Axson's care. The patient was suffering with violent intermitting pains; his tongue was clean and there was no indication of disturbed digestive function. He nevertheless pined away, pains began to stretch down his legs, accompanied with retraction of the muscles. There was no evidence of lesion of the cerebro-spinal axis. These resembled somewhat the infantile remittent fever of writers. Extreme constipation, however, existed, but

the feces were natural. This last case is gradually getting better. Dr. A. stated that he was satisfied that in these cases lead was the cause of the disease, but that none had been detected in either the water or food which had been given. The blue lines on the gums characteristic of lead poison were present.

Dr. A. remarked that the progress of the first of these cases was especially interesting in establishing the independence of the brain from the spinal system. Everything in fact was a demonstration of the views entertained by physiologists on this subject.

Dr. Fenner said he had seen several cases of severe carbuncle, two of which he operated on by deep crucial incisions after putting the patients under the full anæsthetic influence of chloroform. Said he now has a case at the Charity Hospital in a convalescent from yellow fever; a pustule appeared on the upper lip, attended with great hardness, redness and pain; a little pus had been discharged from several openings; he had lanced it freely, but the disease was progressing and threatened the life of the patient.

Dr. Fenner had also met with a number of cases of severe colic in the Charity Hospital; he had traced most of them to *lead-poisoning* in some way, but when he could not trace the disease indubitably to this cause, he still treated it as lead-colic, and always with satisfactory results. Dr. F. said that several physicians had told him they had but little difficulty in treating this disease since they had been induced to look upon it as *lead-poisoning*, and treated it accordingly; he spoke in high praise of the iodide of potash in this complaint, but said the first thing to be done was to relieve the patient of the violent pain in the bowels; this was to be done by free bleeding or cupping, the warm bath, active cathartics and anodynes. He spoke particularly of the good effects of free bleeding from the arm—a remedy which did not appear to be indicated either by the pulse or heat of skin, yet it was borne well and appeared to give efficiency to other remedies commonly resorted to, whether cathartic or anodyne. He acknowledged his indebtedness to Drs. Bowers and Smith, of Texas, for this valuable suggestion, which they had given in their account of the "*Patuel Belly-ache*," published in the New Orleans Medical and Surgical Journal several years ago. Dr. Fenner expressed his gratification at having his views of the *nature of these colics* so ably supported as they had been by Dr. Axson. He had long since been fully convinced himself that *lead-poisoning* was the most common cause of these violent colics so often met with in this city during the hot season.

Dr. Fenner had seen three or four cases of yellow fever in private practice, and a great deal of it in his wards at the Charity Hospital. At the latter place he had seen a number of cases in which both yellow fever and cholera attacked the same patient. At the onset the patient presented all the symptoms of yellow fever, but on the second or third day a rapid watery diarrhœa sat in which soon reduced the patient to a state of colapse, exactly like that of Asiatic cholera. It was but seldom that patients survived the combined attack of two such formidable diseases.

Dr. Fenner said that, as usual, he had paid particular attention to the commencement of the yellow fever at present prevailing in the city. He had gone to considerable trouble to ascertain the *origin of the first cases*, and would publish the facts at a proper time. He would state on this occasion, however, that he had witnessed facts this year which went farther to support the opinion of the infectiousness and communicability of yellow fever than he had ever seen before. Amongst these he mentioned that the resident students and nurses of the Charity Hospital had suffered severely from this disease, whilst it was not prevailing epidemically in the neighborhood; and the same thing had been observed at the Luzenberg Hospital. He said it was certainly true that the fever had first broken out and prevailed epidemically in the neighborhood of a spot where a vessel had landed, just from Havana, with a number of cases of yellow fever on board; but as to the *connection* or *dependence* that existed between these two facts, he had not yet fully informed himself. Other vessels had also come from the Island of Cuba with yellow fever on board and landed at different places along the river, and he had been watching the effects upon the neighboring inhabitants.

In respect to the therapeutic virtues of quinine in yellow fever, Dr. Fenner said that in the fever of last year, and also of this, he had not seen that great remedy

exercise the same controlling influence that he had observed from 1847 to 1853; that last year he found the disease to yield more readily to moderate doses of the ferrocyanuret of quinine, and that this year, so far as his observations went, the disease appeared to be more successfully managed without any quinine at all. He said he had written a good deal in favor of this remedy in yellow fever, and did not wish to retract anything he had said in regard to it, but, at the same time, he could readily conceive that a type of yellow fever might appear which could be managed more successfully *without* quinine than *with* it. If such were the case he wished to know it, as the subject of his researches was *the ascertainment of truth*, rather than the establishment of any special opinions or favorite remedy.

Dr. Moss had seen a case of carbuncle on the back. He also expressed his approbation of the views which Dr. Hunt had that night given to the Society concerning the treatment of yellow fever. Dr. M. was inclined to enter his protest against the conclusions of the preceding speakers, who connected the colic we frequently have here with the action of lead upon the system. In those whom he had seen suffering with colic complaints, the affection could not be traced to the action of lead. He had heard nothing that night which tended to alter the opinion which he had formed to the effect that these cases were nothing more than bilious colic.

Dr. Henderson had tried the quinine treatment for a number of years, and had found it to act admirably.

Dr. McGibbon observed that he had seen the quinine treatment, as well as others, tried both in and out of the Hospital, and was decidedly of the opinion that the former was the best. During the time of the last epidemic, there was a period when many of the cases were carried off by brain symptoms, and these occurrences were attributed by many to the prejudicial influence of quinine, but Dr. McGibbon was inclined to believe, that this was owing to a peculiar type of the disease, and not to any injurious effect of the remedy. He did not pretend to assume that quinine administered at the outset of the disease would act in the same beneficial manner as in intermittent fever, but he claimed for it that all the symptoms of the disease were mitigated by the use of the remedy, in connection with opium, in the form of the haustus quiniæ in use in the Hospital, and this in a manner more effectual than any remedy he had seen tried. Dr. McG. was perfectly satisfied that the statistics of the Hospital would be perfectly conformatory of his opinion on this point.

Dr. McG. mentioned that, in connection with Prof. Riddell, he had made some examinations upon the subject of fatty degeneration of the liver, which it is alleged have been recently observed in persons who had died of yellow fever. As far as his examinations had extended, this degeneration had been found to exist. Dr. Clark, of New York, had previously called attention to the microscopic appearance of the liver in yellow fever, which he concluded to be in the early stages of fatty degeneration, but was not satisfied whether the appearances he observed were dependent upon yellow fever or some preëxisting lesion. Since then, in an article published by Dr. F. H. Bache, in the "American Journal of Medical Sciences," there are the details of fourteen post mortem examinations of persons who died of yellow fever in Philadelphia, last summer; the most interesting point in which is, that in the livers of all of them, the cells were found more or less filled with fatty globules, of various sizes. In most of the cases the cells, with but few exceptions, were found to have the nucleus replaced by a single oil globule; and the granular matter of the cells, instead of having a few fatty globules throughout, were generally found to be "studded with globules, so as to give one the idea of looking at a number of these latter, which had by chance become agglomerated or entangled by granular matter." The author further adds: "Nor did the oil globules confine themselves merely to the granular part of the cells and their nuclei, but they were found floating freely, of various sizes, all over the field of the microscope." This latter description, further observed Dr. McG., applies very correctly to the appearance presented under the microscope by two specimens of liver obtained from persons who had recently died of yellow fever in the Hospital, and examined by Prof. Riddell and himself, drawings of which were made. The bodies from which the specimens were obtained presented no

abnormal condition of the lungs or other organs which might account for the fatty condition of the liver.

Another circumstance connected with the examination of these two subjects may be observed. A specimen of the muscular tissue of the heart examined under the microscope showed in one case some portions of the transverse striæ obliterated, while in the other all the regularity, both of the longitudinal and transverse striæ, was destroyed, presenting an appearance identical with that which Quickett describes and illustrates at page 196 of the first volume of his lectures on Histology, as the first trace of fatty degeneration in voluntary muscles. From the observations of the gentlemen above referred to, as well as from his own, Dr. McG. was inclined to believe that the early stages of fatty liver in yellow fever would be found to be a constant *post mortem* phenomenon. Dr. McG. hoped that others would investigate this subject, insomuch as there was no lack of opportunity in this city.

Dr. McG. mentioned that he had under his care at the Charity Hospital six cases of fever which had recovered after throwing up black vomit. These were the first which he had seen recover, and were the more remarkable occurring as they did in quick succession, one after the other. He had in these cases made use of a solution of creosote; he had previously used this remedy to check vomiting, but this year he had pushed its use much farther than usual with singular success. Dr. McG. also reported two cases of shoulder presentation — one occurring in private practice, the other in the hospital. In the first of these cases he had performed version, in the second the house surgeon of the hospital (Dr. Choppin) did the same. Both women recovered rapidly. The children, however, were dead previous to delivery.

Dr. Bein agreed with Dr. McGibbon in his observations in the use of quinine in yellow fever. Dr. B. related the case of a young man who, in order to commit suicide, had taken five grains of arsenic and one and a half grains of strichnine at a dose. He was made to vomit freely by the use of the sulphate of zinc, and had admininistered to him afterwards the protoxide of iron. Spasms occurred, especially in the regions of the diaphragm. Brandy was administered freely and the patient ultimately recovered.

Dr. Hunt said that creosote was discovered by Reichenbach, in 1830, and that it was used to suppress vomiting. That the late Dr. Harrison in 1835 had reported two cases of recovery from black vomit, in which it had been used. That creosote was not very soluble in water, but soluble in a very small quantity of alchohol or ether. That it should always be administered in solution, as it had a caustic action, and accidents might attend its careless administration. That it belonged to a class of remedies each of which had been occasionally prescribed with success in black vomit. That the remedies for black vomit are innumerable, and all favorably reported on by those who used them. That black vomit results from a peculiar condition of the mucus membrane of the stomach, and a peculiar chemical change in the blood. That the object of a scientific physician, ought to be, to alter the condition of the tissue affected, and restore the blood to its normal state. That a mere anti-putrescent medicine, styptic, astringent, antacid, alkali, narcotic, or stimulant, cannot directly secure the desired effects. The fountain of the evil must be purified.

Dr. Hunt said, there was no such thing as fatty degeneration of the tissues in man produced during acute disease or inflammation. That fatty degeneration of the liver is fatty degeneration of the liver, and nothing else. That in all fatty degenerations, fat cells were formed not only in the interstices of the tissues, but they were substituted for, and took the place of, the healthy normal structure, which consequently disappeared.

That oil globules were frequently deposited in contact with the parenchymatous cells of the organs, without fatty degeneration.

That there was no fatty degeneration in yellow fever during the acute stage. That fatty degeneration was an effect which followed acute disease; not a substantive, essential characteristic of acute action. That it was not a necessary concomitant of acute derangement, but occurred subsequently. That Dr. Louis' reports of the state of the liver in yellow fever were entirely incorrect, and had

been over and over again disproved by the investigations of scientific physicians in New Orleans. That M. Louis' observations on yellow fever were nineteen in number, made in Gibraltar. That the observations, *post mortem*, made by Dr. Harrison, of New Orleans, (most of which were made when Dr. Hunt was the anatomical operator,) numbered, according to Harrison's written testimony, about two thousand. That there was no peculiar, constant, uniform alteration of the liver in yellow fever, nor of any other organ.

Dr. Hunt stated this on his reputation as a pathological anatomist, and said that he personally had made more *post mortem* examinations in one day of yellow fever than M. Louis had had an opportunity of observing in his whole life. To be sure, Dr. Hunt said, he had on all occasions been indebted to the kindness and zeal of other members of the medical profession for their counsel and assistance.

Dr. H. then said he would make a few remarks on the treatment of yellow fever by large doses of quinine in the first stage. Dr. H. said, that the first large dose of sulphate of quinine recorded as having been given in the very incipiency of yellow fever was prescribed by him in the wards of Dr. J. M. Mackie, in the Charity Hospital of New Orleans, in September, 1839. That the use of the remedy soon after became general. The Bee newspaper, (for then there was no medical journal in New Orleans,) first published an excellent article on this subject. Other journals, not only here but throughout the United States, attracted attention to the subject, as may be seen by referring to the "Medical Examiner," October 19 and 26, 1839. That since this period, quinine has been used by nearly all scientific practitioners at the very commencement of yellow fever; and there is, upon the records of medicine, an unbroken chain of testimony in favor of its administration at the very commencement of an attack of yellow fever.

In 1832, 1833, 1834, 1835, M. F. C. Maillot, Physician of the Military Hospitals of Ajaccio, Algiers and Bona, admitted into the hospitals under his official control 22,530 patients with intermittent, remittent and continued fevers of Corsica and the North of Africa. In 1832 and 1833, he lost one in three and a half of his patients. During these two years, he used quinine as it is now used by the ignorant and prejudiced practitioner of medicine; *i. e.*, in broken doses. In 1834 and 1835, he treated 11,593 cases of the same fevers, and commenced the treatment by giving large doses of quinine. The result of the last two years practice, when he used quinine freely, was a reduction of the mortality to one in twenty.

The principles of modern medicine require that the sick man should be treated, and not the name of the disease prescribed for. Hence, said Dr. H., as I have explained previously this evening, venesection, cupping, emetics, cathartics, stimulants, calomel, revulsives, astringents, narcotics, alteratives, general and local bathing, may be required in association with quinine. Because, when administered skilfully, although there may be a slight increase of the febrile symptoms momentarily, this condition is but transient, and is promptly followed by corresponding depression. All the violent symptoms subside; the temperature of the surface is lowered; pain is diminished; the pulse is gentle and subdued, and the skin covered with a healty moisture; in short, the chain of morbid associations is broken, sleep is induced, from which the patient awakes refreshed and substantially better, and within twenty-four and thirty-six hours he is frequently considered to be in a state of convalescence.

Dr. H. said that the new mode of administering sulphate of quinine, together with its history, was well explained in an essay on yellow fever, by Dr. John Harrison, who had recorded also this fact: That before venturing to give the sulphate of quinine in such large doses and upon such a raging fever, Drs. Hunt and Mackie performed a number of experiments to test its physiological action. The experiments were performed in 1839, in the Charity Hospital, upon convalescents from different diseases. In these experiments, quinine was found unaltered in the urine. But, Dr. H. said, it was late, and that he might hereafter say something on quinine.

During the discussion Dr. H. asked Dr. Fenner in how many cases of yellow fever this year he had used sulphate of quinine. Dr. F. replied in about three or four. Dr. Moss stated he had tried it to the best of his ability, in the commencement of last year's epidemic, but saw no good derived from it at that time, and he had never used it since.

CHARITY HOSPITAL.

There have been no surgical operations in the surgical wards for the past fifteen days, with the exception of one reduction of a dislocation of thigh. Version was performed in the lying-in wards; the child was dead; the mother, however, left the hospital well in thirteen days. In consequence of the late riots, there have entered the surgical wards several cases of gun shot, incised and penetrating wounds. None of these have presented anything of special interest.

In our last report we were of the opinion that the fever had reached its height. Since then, there has been not only a larger number of cases in the hospital, but the disease seems to have disseminated itself more thoroughly in the city. When we last wrote, it was difficult to find a physician who had more than two or three cases of fever under treatment at a time; now there are several who inform us they are kept comparatively busy.

From July 14th, the day upon which the first case of yellow fever entered the hospital, until September 14th, 556 cases of yellow fever have died; of these cases 176 were admitted in *articulo mortis*, and fully two-thirds of the others, after or on the third day of the disease. In the same space of time, there has been discharged cured 443 cases of the disease. This is quite a favorable report, all things considered.

The treatment which has been found to answer best, when the patient is seen within the first twelve or twenty hours of the disease, is the so called abortive plan. This consists in emptying the bowels thoroughly by means of castor oil, and enemata, if necessary, and administering the haustus quiniæ of the house, which consists of twenty grains of quinine with half a drachm of laudanum in mint water. As adjuvantia, warm foot baths, warm or cold drinks, cold to the head, and in some cases cupping to back of neck or epigastric region.

Lately, the much talked of muriated tincture of iron has been brought into use, and one attending physician of the hospital informs us that the results he has obtained from it are very satisfactory. As yet, from our own experience, nothing very definite can be given as regards its specific action in yellow fever. In three cases of black vomit in which it was administered, one recovered. A respectable physician of this city informs us that he used this preparation of iron in yellow fever twenty years ago. He did not, however, carry his investigations far as to its efficacy in the disease, having only given it in one or two cases.

CHARITY HOSPITAL REPORT—Month of August, 1854:

Admitted,	1,664
Discharged,	1,064
Died,	460

Births, 7 males.

Of the deaths, 300 were from yellow fever.

Reports from August 30th to September 14th, inclusive:

Admitted,	1,050
Discharged,	595
Died,	335

(of which 271 were from yellow fever.)

In our last number we announced the death of EDWIN YOUNG, a student of the Charity Hospital; since that time, two fine young fellows, likewise students, have been carried off by yellow fover. FENTON MICHIE, aged 22, a native of Mississippi, and JOHN JARREAU, a native of Alexandria, Louisiana.

'Tis past! The sad work is done!! The silence of hearts proclaim a noble trio to be missing. Where are they? Gone; not for a respite, but forever. That Providence who has a cure for every pain—a balm for every wound—whose skill is unquestionable, whose remedies are infallible, has beckoned them to its throne. But, with loving kindness, friends exclaim, Oh! why so early

called! Yet, would we have them back? No! life's summer was fast waning away, and could we for a moment say stay, when the chilling blasts of autumn would in a few weeks have rudely swept over them, perhaps? No! their voices echo through immeasurable depths the glorious satisfaction of unreproved spirits.

Proud science scales the skies,
From star to star to roam;
But reacheth not the shore where lies
The spirits' home,
Where impervious shadows hide
This mystery of heaven;
But when all knowledge is denied,
To hope is given!

YOUNG — as a son, brother, friend and Christian, are you mourned, "Disappointed" you were, but resignation such as your lips uttered will ever be remembered. Yes, with the sacred phrase —

"Not my will, but thine, O, Lord, be done,"

rose a soul immortal in the heavens.

MICHIE — as a son, brother and friend beloved, will your memory ever be green in our souls; and long will your premature departure draw a sigh from those who love.

"Leaves have *their* time to fall,
And flowers to wither at the north wind's breath;
And stars to set, but all
Thou hast, all seasons for thine own, O, Death!"

JARREAU — last called, adieu; health had apparently marked thee as its own, but disease laid claims, and Death became victor.

Friends, they have departed, but they are not silent. Though dead, they speak to us. Sweet and sanctifying is their communion. They utter words of warning, too, and speak by the silent eloquence of example. They tell us we are passing swiftly from the earth, and hastening to join their number. A little while ago they were both as we are now; a little while hence, and we shall be as they are. They admonish us not confidently to press too deeply in our hearts life's objects, which glide o'er its tempestuous currents so easily, and which are as easily and quickly engulphed in its bosom-swell. In long procession they pass by, with solemn voices telling of their love and enmity; their interest and cares; their works and device; all abandoned now, and as little worth as the dust that blows across their graves. Now, on all that was theirs, on every memorial of their existence, broods a melancholy dimness and silence. Their forms recede more and more from the associations of the living. New tides of life roll through the cities of their habitation. The places that knew them, know them no longer. This — this, their solemn voices preach to us, is the changeableness of earth, and the emptiness of its pursuits; but yet urge us no less to seek the noblest end, the unfailing treasure. They bid us find our hope and our rest — our only constant joy — in Him, who alone, amid this mutability and decay, is permanent — yes, in God! Well, then, is it, at times to listen to the voices of the dead. In so doing are we better fitted for life and for death. We willingly stay, knowing the dead are near us, and our communion with them intimate. We willingly go, seeing we are not so wholly separated from those loved ones we leave behind. We will toil cheerfully in our lot while God pleases, and when *He* summons, we, like them, will calmly depart. Yes, when the silver cord becomes untwined and the golden bowl broken, when the wheel of action stands still in the exhausted cistern of our life, may we lie down in the light of that faith, which makes so beautiful the face of the dying Christian, and which has ever converted death's ghastly silence to a peaceful sleep.

F. L. T.

We are indebted for the following communication to Dr. Warren Stone, of this city:

Savannah, August 25, 1854.

Dr. Stone — Dear Sir: The distinguished position which you hold in our profession must be my excuse for obtruding myself, or rather the subject of this communication, upon your notice.

I wish to call your attention to the muriated tincture of iron as a *remedy* — a *specific* for yellow fever. We have had the disease in Savannah for the past two weeks, and it has been very fatal since Monday, the 21st inst. I have administered it in *every case* which has been placed in my hands *with invariable success.* I regard it as a *specific* for the disease. My impressions of its *modus operandi* are, that it enters the circulation and corrects that viciated state of the blood, which is admitted by all to constitute a leading feature in the pathology of the disease, and which probably gives rise to the phenomena of black vomit, and also to the yellowness of surface observed in many cases. At all events, it *cures*, and *the earlier* it is given the better, regardless of the fever, headache, or the condition of the stomach or bowels. No time should be lost in its administration, and when commenced with soon after the attack, the patient is frequently free of fever in from twelve to twenty-four hours. I give it in doses of from ten to thirty drops, in water, every two hours, and *give nothing else.* In black vomit, I think it might be given in doses as high as one fluid drachm.

I have treated in all by this plan twelve cases, all of which have recovered, or are recovering. One in my own practice, and two in the practice of other physicians of this place, have recovered from black vomit under the use of this remedy.

I make this communication, hoping that you will *test* the practice in such cases as may seem to you suitable. Again begging pardon for this intrusion, I am

Your obedient servant,

P. H. WILDMAN.

P. S. — I forgot to mention that the tinct. ferri muriat, probably, proves of service also, by acting as a styptic on the mucous coat of the stomach.

M. Jobert de Lamballe. — This distinguished surgeon has lately been operating for the radical cure of hernia by the use of iodine injections into the sack. The results of his operations have been exceedingly favorable. He has already presented to the Academy of Medicine three cases in which a cure had been effected, and made mention of others whom he could not induce to present themselves to the society for examination.

M. Lallemand. — Science has again to mourn the loss of a votary in this distinguished gentleman, late professor in the Medical School, at Montpellier, who not long since died. The last act of his life evinced his love of science, for which he has done so much, and his solicitude for its welfare. In the Gazette des Hôpitaux, we see it stated, that he has left to the Academy of Medicine of France the sum of fifty thousand francs, destined to encourage and reward future investigations relative to the physiology, pathology or anatomy of the nervous system.

The New Hampshire Journal of Medicine, edited by G. H. Hubbard, M. D., in a notice of the New Orleans Medical News and Hospital Gazette, remarks, that the editors "have for five months got along bravely, and have produced a journal second to none in the Union." We thank the editor for this spontaneous praise, and trust that our future labors will entitle us to a continuance of his good opinion.

To Subscribers. — At the solicitation of many subscribers, we have determined to issue our journal monthly instead of semi-monthly, as heretofore. The journal will hereafter contain double the quantity of matter (forty-eight pages,) and come out on the first of every month. The next number will appear on the 1st of November next.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. I. NOVEMBER 1, 1854. NO. XV.

Observations upon Diseases of the Uterus:

By WARREN STONE, M. D., *Professor of Surgery, University of La.*

The diseases of the uterus have, of late years, engaged the special attention of many men eminent in the profession; elaborate works have been written on the subject, and yet the profession is more divided and less fixed upon the pathology and treatment of the diseases of this organ than any other. Being earnestly impressed with the importance of the subject I have always endeavored to keep pace with the improvements, and to make myself familiar with the subject; but, candor compels me to acknowledge, that either much of what I read has never come under my observation, or that I do not understand what I see.

The conclusion I came to long ago, was, that either this organ is not governed by the same physiological and pathological laws as the other organs of the human system, or the writers on the subject have been blinded by their zeal, and carried away by theory; and further observations incline me to the opinion that men have been mistaken. There is a vein of bigotry in human nature which gives bias to the pursuits of men — whether it be religion or medicine, or anything else — and which the strongest intellects often possess in a high degree. Such minds can scarcely be content with plain matter-of-fact pursuits, but rather fix upon something that admits of speculation and something more wonderful than reality. With this view we can understand how it is that men, eminent in the profession and entitled to high consideration, may commit sad errors in matters not entirely demonstrable.

Lisfranc was convinced that all indurations of the neck of the uterus were cancerous, and cut them off to the number of two hundred, up to the

time he reported, and I suppose he continued the practice, as he evidently was bigoted in its favor. Is it not strange that a man with the intelligence and experience of Lisfranc should commit such an error in pathology as to suppose cancer of the uterus is a common disease? or that his experience should not have taught him that cutting off a piece of an organ, upon which malignant disease is manifested, does not cure or retard its course? His student (I believe) a few years after, counteracted the evil effect of this report by a statement to the effect that he had followed up these cases and that they had all died of the disease. The difficulty of following up so large a number of cases, for several years, and the fact that the amputation of the neck of the uterus is not a very dangerous operation, would lead one to doubt the latter report. Perhaps this report was made to substantiate the diagnosis, for it began to be suspected that cancer was not cured by the knife, and about this time the chief merit of the physician was in the correctness of his diagnosis. Some writer was so ill natured as to assert that in the hospitals in Paris the object seemed to be to make a diagnosis and then hurry the patient to the dead-house to verify it.

When I was house surgeon of the Charity Hospital a servant of Mr. L. was sent there with a supposed serious affection of the uterus. I made an examination and pronounced her pregnant; Mr. L. said it was impossible, for she had been under treatment near four months and confined to her bed, and in spite of the most active treatment and rigid diet, the disease had steadily progressed until the doctor despaired of a cure. The case, however, was plain, and I advised a liberal diet to overcome the debility caused by leeching, caustic and low diet, and then set her to her work. In about five months she was delivered of twins. This patient had been treated by a gentleman who stood deservedly high in the profession; but while in Europe he got a uterine twist in his mind which he never got over. It seems unaccountable that one whose judgement was so clear and generally correct upon professional subjects, generally, should commit such an error; but it only shows how easily one is carried away by a hobby.

When we see such a mistake made by one scientific and experienced, what are we to expect from the diagnosis made by those who do not know how the organ looks, through the speculum, in health. I am not disposed to criticise the treatment of others, for it is unprofitable to pull down one system unless a better can be established, and if a better is established we are saved the trouble of pulling down the other. It is a law of the animal economy that those organs which are essential to life or have important

functions to perform have the greatest reeuperative powers, and resist morbid agents the longest, and (as if nature provided against our weaknesses) those organs that are subject to our exeesses possess these qualities in the highest degree.

The diseases of the uterus, to my views and experience, are simple, and, if the natural efforts are encouraged, are strongly disposed to recover. They may be divided into the inflammatory and non-inflammatory. Under the head of inflammatory may be included most of the diseases of this organ, and as they are generally from some plain cause they are simple and readily relieved in the early stage. Many cases, however, of subacute inflammation are neglected, or imperfectly cured, and perhaps aggravated from time to time by gross imprudence, until they assume a serious character; but, still, they are simple in their nature, and all the treatment that can be of use is simple also. In the examination to ascertain the state of the parts, the sense of touch is far better than the sense of sight. With the finger, with very little inconvenience to the patient, or trouble to ourselves, we can ascertain the precise situation of the organ, its size, its density, its temperature and its degree of sensibility; while, with the speculum, after annoying and mortifying the patient, we ascertain its color, if we have a good light, and many find ulcers when none exist — but of ulcers I shall speak hereafter. I entertain no sentimental notions of delicacy in the use of the speculum when it is necessary to a correct diagnosis, or for the application of remedies; but to say the least of it, it is idle curiosity to use it in very many of the affections of this organ. I abominate charlatanism. When auscultation came to be practiced, I soon learned that my naked ear was far better than any instrument; but I could not compete with those who went about with a stethoscope sticking out of their pockets, although they knew nothing of its use; and when it came to be acknowedged that it was of no use in most cases, they would not give it up, but argued that it was indelicate to apply the naked ear to the chest of a lady. It is very much with the same motive — to appear wise and scientific — that a great many make a display with the speculum, and they scarcely ever fail to find what they look for, and are just as much enlightened as to the real condition of the uterus as those who used the stethoscope, without knowing the natural sounds of the heart and lungs. The rectum is quite as frequently the seat of disease as the uterus, and far more frequently the seat of ulcers, which are more difficult to cure, in consequence of the unavoidable duty the parts have to perform; and yet

we see no philanthropic zeal manifested for this ignoble organ, and it is left to the treatment of plain matter-of-fact men who will use the speculum when necessary. My belief is, that the profession have been led into error by false notions of the extensive sympathies of this organ. The liver, formerly, was accused of giving rise to the very many nervous and uncomfortable feelings which bad digestion, in all its forms, may originate as if nature had committed an error in making one organ to be the plague of all the others. Since the liver has been properly placed in pathology, the uterus has been taken up and now stands responsible for all unappropriated nervous disorders.

In my long connection with the Charity Hospital (as well as in private practice) I had an opportunity of making observations upon a large number of the laboring class of females who had no time to indulge in fancies or licentious habits calculated to enervate, but whose occupations and careless habits were well calculated to produce inflammation and all the derangements of the uterus that do not depend upon a constitutional cause; and I became satisfied that where there is no general disturbance of the system, all symptoms of disease of the uterus are confined to the organ itself. The general disturbance produced by pregnancy is not due to the uterus. The whole system undergoes a change, and the sense of taste and smell become exalted, the temper irritable, the appetite capricious and often voracious, and the only way the stomach has of manifesting its sense of abuse is by vomiting, which, once commenced, is kept up by habit in a great measure; for I find that those that have not time to indulge in fancies are not much troubled. The occasional nausea and irritation of stomach, in connection with disturbance of the uterus, proves nothing, except, that constant and persistent irritation in any part of the system may disturb the functions of the stomach; but it no more proves sympathy than the disturbance of the stomach and bowels of the child, during teething, proves sympathy between these organs and the gums. It is not from isolated cases that a law can be established, but from observations upon a large number under similar and varied circumstances. I have seen various nervous symptoms relieved by the application of caustic to supposed ulcerations of the uterus; but it is no mystery to one who has seen the effect of a hot iron to the ear in the cure of sciatica, or the bare sight of the dentist's forceps upon tooth-ache. One cause of nervous disturbance, which appears to be connected with the uterus, has not been properly estimated. The sexual organs of the female are subject to the same abuse as

those of the male; and there is no reason to suppose that they are not unnaturally excited to the production of disease as well as with the male, which we know is no uncommon thing. Slight irritation of the female organs increases the passions, as well as in the male, and if indulged in, even legitimately, to the extent of the desire, may lead to serious disturbance in those not vigorous. The degree of venereal passion depends more upon a peculiar nervous excitability and moral organization than to real vigor of the system. Excesses and violations of nature in the male, we know, lead to a great variety of symptoms difficult to explain. This practice, difficult as it is to trace, in all its forms, in the male, is still more difficult in the female; but my experience is sufficient to satisfy me that it is the cause of many unexplained affections, sometimes of a severe character — such as convulsions and paralysis. This is a sorrowful view of poor human nature; but it is true, and it is not confined to the low and openly degraded. A large portion of the ills of man are the result of the violations of the laws that should govern him, and it is the duty of the physician to combat them, whatever may be the cause, and by whatever means may be necessary — whether moral instruction, or the administration of drugs. Take into view the vast number of votaries of fashion in this finical age, who, rather than be deprived of their pleasures, take means to avoid the natural consequences of married life, and we can find cause for a host of symptoms which the natural sympathies of the uterus have nothing to do with. The natural mother who performs her sacred duty as becomes her, and whose happiness is in her domestic circle, never has any of these mysterious and complicated complaints, which it is fashionable to attribute to the uterus; and my conclusion is, that most, if not all the symptoms attributed to sympathy with the uterus, although sometimes connected with it, are independent of it and owing to a different cause. There are, of course, rare exceptions. I would not pretend that this organ may not become diseased, without any fault of the patient, and give rise to many distressing symptoms, but I spoke in general terms. Most of the complaints of the uterus, I have said, are inflammatory, or inflammation and its results. Irritability, enlargement, induration, and all the various changes in density, prolapsus, leucorrhea in all its various forms, etc., may, in most cases, be traced to this cause, and torture, and twist, and repine as we may, it is nothing but plain common inflammation in reality, and should be treated just like it in other organs of similar texture. I believe that in acute inflammation of this organ and its appendages, anti-

mony has as strong an influence as it has in that of the testicle; probably upon the general principle that highly organized parts respond more decidedly to proper and decided remedies than inflammation of ordinary tissues, and if in spite of active treatment, or by neglect, or otherwise, it runs into a chronic or subacute form, characterized by induration, and enlargement, and tenderness, mercury is equally useful. The effect of mercury seems to be reduced to a law. Whenever there is inflammation, accompanied by thickening and enlargement, by reason of interstitial deposition of lymph, or whenever lymph is a product, mercury is the most efficient remedy in whatever tissue it may occur. This, of course, is no new idea; but there is little use in ideas, unless they are turned to practical use. The unpardonable abuse of this valuable medicine in the South and West, years past, in diseases having no anatomical character, has led the profession to the opposite extreme, and done more to encourage the adoption of homœopathy than anything else; but I would suggest, in passing, that if the profession use this medicine, as well as all others within its knowledge, as they ought to, it has nothing to fear from this fantasy. The prejudice which the abuse of mercury has created against it deters many young practitioners from its use, lest they should produce disagreeable salivation, and lose the favor of their patient; but it ought to be a fixed rule, when an important organ is concerned, to adopt at once the most efficient means. Mercury when given in a full sedative dose, where there is much excitement, does not often ptyalise, and when given with a view to its specific effect in chronic or subacute inflammation, it can be graduated so that it will rarely produce disagreable consequences. The gentle effects of mercury, followed by the use of iodide of potash, will be found highly useful in all these cases, in connection with an appropriate antiphlogistic course. It is not my purpose to enter into the details of the treatment of chronic inflammation, but I would merely suggest that mercury is not used as much as it ought to be in the treatment of this disease. Leeching is a favorite remedy with many. I have seen the effects of this local bleeding and have often consented to it, in consultation, but I never thought it of sufficient importance in any case to order it myself; and I am satisfied that in many cases it is injurious. My views of the effect of the application of leeches directly to an inflamed part were formed after large experience upon external parts, where the entire effect could be observed; and although there is occasionally a case of peculiar engorgement, rather than inflammation, in which they are useful, they, on the whole, do as much

harm as good. There is no consistency in their application; the same potherer that would apply them to the uterus for the relief of a determination of blood, would apply them to the vulva to produce a determination and favor the menstrual flow. No distant application of these can be made to any advantage, unless in sufficient numbers to make the depletion general, and for this other means are much cheaper and less annoying. There are cases of engorgement of the uterus, or, as Andral would say, hyperemia, which, if termed inflammation, is in a degree short of effusion of lymph, in which local stimulants may be used with advantage, precisely as they may be on other parts similarly affected. There is no mystery about it, and no special knowledge is requisite, except in determining its nature. The nitrate of silver, either in substance or solution, and the tincture or solution of iodine, are the most common and useful of the local stimulants; the strength is not material, if we may judge from the reports of cases of disease of the uterus treated with the caustic in substance, inside as well as out, or the saturated solution frequently applied and long continued, or the actual cautery, according to Jobert. Every one knows that an eschar will slough, fill with granulations, and cicatrize sooner than a bad ulcer can be cured by mild means, but the question is, are we justified in using actual cautery, unless it is decided that it will effect a cure when no other means will. However, it must be admitted that the actual cautery is not really a severe remedy for the patient to bear, when properly applied; and there are cases, no doubt, in which it is useful, but I doubt the necessity of its use in uterine diseases. There are cases occasionally met with, in which the mucous membrane is the seat of chronic inflammation, and the nitrate of silver in solution is applicable — used occasionally, with the use of astringents of moderate strength during the intervals, but it is not a panacea. This solution can be thrown into the cavity of the uterus with all the force necessary to diffuse it entirely over its surface, without any danger of it getting into the peritoneal cavity through the fallopian tubes, as has been ridiculously suggested. Prolapsus is, in most cases, the result of inflammation and consequent persistent bearing down, but when the inflammation and tenderness is relieved, the patient does not suffer from slight displacement. Pessaries are not often necessary, and cannot be used in most cases without injury. Occasionally, when there is not much sensibility at the neck, and when the irritation seems to extend to the appendages, (the ovaries and broad ligaments,) great relief is afforded by the mechanical support of the pessary, but

it is too often used when simple antiphlogistic treatment is indicated. Although I do not believe in the sympathies of other parts, with the sufferings of the uterus, (any more than the same occurs in other organs,) yet I am sensible that it is affected materially by constitutional disturbance. In engorgement and chronic inflammation, the periodic character which so often characterizes the diseases of our section of country is often very manifest, and the uterus, like the spleen, seems to become a divertieulum, and receives the blood as the spleen does under similar circumstances, and hence the value of tonics often, not only to give tone to the system, but to equalize the circulation and prevent these periodic engorgements which are frequently attended with much pain. In connection with prolapsus, I would urge the importance of mechanical support to the abdomen, especially in those who have borne children. It will be readily perceived by those understanding the anatomy of the parts, that the most popular body braces, (as they are termed, I believe,) arranged with springs and having a pad of the size of the hand pressing upon the hypogastric region are inadequate to the support of the abdominal viscera, and can have no direct influence in the support of the uterus. When the abdominal muscles are relaxed, and do not support the intestines, they fall down into the pelvis to the disturbance of their own functions, as well to the injury of the uterus. What a pity that some common-sensed mechanical genius cannot be engaged to study anatomy and physiology, and devote his genius to the manufacture of mechanical apparatus for the benefit of humanity. Of the second class, or what I would term non-inflammatory, the principle are granulations and scrofulous softening, as I would term it. Velpeau asserts that there scarcely exists any other kind of ulceration than cancerous or syphilitic, and that what is nearly always designated as ulceration, is really granulations, and what Recamier described under the name of vegetations, and scraped from the mucous surface with a small scraper. These granulations are said by some to constitute the larger portion of the diseases of the neck of the uterus, but I think they must include what I have denominated scrofulous softening, which resembles granulations in some respects. It presents an irregular surface, but it is rather from a kind of erosion in patches than granular elevations, and is not so high colored. The one seems to be entirely local, and requires strong caustic applications, while the other is connected with a general depraved state of the system, requiring constitutional treatment, and does not admit of strong local applications, at least

is not benefitted by them. These granulations are said to form in the uterus, as well as around the neck, but my opinion is, that they are confined to the neck and os, and that the scrofulous affection is more likely to affect the inner surface. A discharge almost always accompanies these affections, but differs in the two varieties. I do not know that my observations have been sufficient to establish a rule, but I think that in granulations it will be found thin and ichorous, while in the other it is thicker, like a kind of pasty mucous which may be seen issuing from the os, as well as covering the affected surface, and the granulations I think will be found more frequently among the lower class, and those that are not particular as to personal cleanliness, while the other is oftener found in the better classes. These vegetations appear to me to be of the same character as those often found around the orifices, when the epithelium is first destroyed by the vitiated secretions, and they spring up, and sometimes become very annoying, from a kind of burning, smarting pain that attends them. They are found around the anus, the vulva, the glans penis, in those suffering from a gleety discharge, and have a redundance of prepuce, but they are never found upon the fine mucous membrane. The external integument is too dense, and the internal or mucous integument is too well defended by its natural secretion to be affected by acrid secretions, and it is only on the intermediate tissue that is not thus provided for, and when these secretions are most likely to occur, that these vegetations are found, and I do not believe they form in the interior of the uterus. These granulations are cured by a variety of means. Most of the caustics will be found efficient. Velpeau prefers the acid nitrate of mercury, applied with a brush at intervals of several days until they are destroyed. The bi-chloride of mercury is equally as good, and when it can be applied on lint frequently, it will soon destroy them, when used no stronger than what the surrounding parts will bear; but to the uterus this cannot be done, and it is best to make a strong application at once and repeat it at proper intervals until they are destroyed. I am strengthened in my view of the cause of this disease, by the fact that it is rarely found with those who are particular as to personal cleanliness, partieularly in the use of the female syringe, which it is to be regretted is so little in use with American ladies. Frequent cold bathing, and cold female injections, tend much to preserve this organ against the effects of vicissitudes, the relaxing effects of the climate, and the local effects of vitiated secretions which are liable to occur from various causes in those in otherwise good health.

What I have termed scrofulous softening, requires appropriate constitutional treatment and gentle local applications. The nitrate of silver occasionally used, of the strength of ten or fifteen grains to the ounce, may be useful, (and it is generally necessary to inject into the cavity,) together with astringent injections. The preparations of iron, cod liver oil, appropriate diet, good air and exercise constitute the constitutional treatment. Leucorrhea or vaginal discharge is too generally treated as a distinct disease, when it is really a consequence of some of the conditions described. Venereal affections, cancer, polypus, etc., being distinct and undisputed diseases, require no notice. Vaginal discharge may occur from temporary excitement and flux to the parts, but if it be persistent, it will be found to depend either upon inflammation, granulations or scrofula. A mere digital examination is generally sufficient to determine the state of the parts if they are prominent, but if there be any doubt, the speculum will readily solve it, and it appears to me that any one who knows how to treat inflammation in general, and the mucous tissue in particular, cannot fail to treat these affections rationally. I admit the advantage which one may have who makes a speciality of any particular disease, but we often see that those who are engaged in specialities lose sight of general pathology and therapeutics, and looking upon it as a local thing, lose more than they gain by their tact and experience in making local applications, by overlooking general treatment.

Attention to the diseases of the uterus is becoming fashionable, and unless the matter-of-fact portion of the profession devote more attention to the subject, this organ is not likely to get its due. I know with many, it is disagreeable to treat these affections, but it ought to be held a sacred duty, considering its association with our origin and the propogation of our species.

Reflections on Yellow Fever:

ITS CAUSES, PATHOLOGY AND PRINCIPLES OF TREATMENT.

By E. D. Fenner, M.D., *of New Orleans.*

(Concluded.)

Let us now endeavor to lay down something like the *principles of practice* in yellow fever. Before this can be done, we must have definite and correct views of the nature and pathology of the disease, of its natu-

ral course from the beginning to the close of an attack, and of the manner in which it terminates, whether it be in convalescence or death. The changes produced in the organism by the morbific cause may be discovered by examination after death. In these examinations, however, we see only *the results* of morbid action, and, as before stated, I am not aware that these discoveries have thrown much light either upon the *modus operandi* of the morbific cause or the best method of counteracting its baneful effects.

We are called to a patient, (I will say,) within two or three hours after he is attacked, and are told that he was taken with a chill and headache, accompanied with stretching pains in the back, and that on going to bed and covering warmly, this condition of things was soon followed by the symptoms now before us. We find him with violent pains in the head and back; his skin is burning; countenance flushed and swollen; eyes red; pulse frequent, full and bounding; thirst intense; stomach uneasy, sometimes nausea and vomiting; restlessness, etc. We recognize this as the *first stage* of yellow fever, and we know from experience that it will shortly be followed by a second and third stage, presenting symptoms quite different from these, but governed in a great measure by the manner in which this stage is treated and gotten over. Now what are *the indications* pointed out by the foregoing symptoms, and upon what principle shall we endeavor to fulfill them? It is evident that the symptoms plainly indicate super-excitement of the *whole system*, and the principle to be acted on, is to restore the *equilibrium of the circulation and the excitement.* The overheated skin must be cooled, the accelerated pulse must be retarded, the distressing pains, thirst and restlessness must be relieved. These desirable results may doubtless be effected by different means, when it can be done at all, but *that* is the best method which accomplishes the object most promptly, effectually and *safely.* The favorite practice of some physicians is to endeavor to cut short the disease at this stage and thus prevent the subsequent stages entirely. Others think this practice hazardous, and are satisfied with *merely affording relief* to distressing symptoms, and safely conducting the patient through all the natural stages of the disease. We will suppose the latter plan pursued in the case before us, and that by means of free cupping, ice to the head, the hot mustard foot bath, and castor oil, or some other cathartic, (the remedies usually resorted to,) the patient has obtained much relief in every particular, but still the fever marches on its regular course, and we next see him into the *second stage.* The period is the close of the second and beginning of the third day. The patient, if *doing well,* is sweating freely, has but little pain, pulse soft and

not above one hundred to the minute, thirst may be considerable but not distressing, bowels open, urine free, sleeps quietly, and relishes light food. All that is necessary now, is to let him rest quietly, and free from all mental excitement, to keep up a general perspiration with a tablespoonful of the neutral mixture or the liquor ammonia acetatis, every hour or two, and to let him drink weak lemonade, or barley water, and thin arrow-root, or small quantities of chicken water. If he is *not doing well,* the skin has a constant tendency to get dry and hot, the pains in the head and back continue, he is restless and uneasy, pulse upwards of a hundred, thirst for cold drinks distressing, stomach and bowels flatulent, secretions scanty. The indications now are to reduce the super-excitement of the system, especially the organs most affected, and to increase the action of the principal emunctories, the skin, liver and kidneys. The *principle* on which we proceed is still *depletion in some form.* The approved remedies in this state are wet cups or leeches to the distressed organs, mercurials, diaphoretic mixtures, baths, sponging, the wet sheet, etc.; but if they produce the desired effect, it will be mainly on the principle of depletion, either by the direct abstraction of blood or by the establishment of copious secretions. A moderate spontaneous hemorrhage from the nose, gums, or uterus, is often followed by the happiest effects at this stage of the disease. We may now venture to give a *prognosis* of the case, which will be favorable or otherwise, according as we have succeeded in combatting the foregoing unfavorable symptoms.

We now approach the *third or critical stage* of the fever, the period being generally the end of the third day or later. If the patient is *safe,* you may find him extremely weak, but calm, quiet and disposed to sleep; his pulse slow and soft, skin cool and moist, no pain, little or no thirst, free secretion of urine, and a desire for nourishment. He may now be allowed small quantities of chicken water, beef tea, thin arrow-root, or some other light food. If he has no appetite, he may take a little ale, porter or weak brandy and water. The utmost caution should be observed to avoid physical or mental exertion until the powers of the system have had time to recuperate.

If the *crisis is not complete and favorable,* the patient will be restless and reckless; somewhat delirious; eyes injected and dull; skin dry and beginning to turn yellow; capillary circulation sluggish; gums and lips engorged; tongue red and dry; urinary secretion very red and scant; he is either despondent or indifferent as to the result of his case; his stomach is uneasy, with acid eructations, and not the least appetite; there may be

slight nausea, with occasional vomiting of the fluids drunk; the ejecta are *acid*, of a whitish color, with a few floculi like the wings of insects floating in a mucilaginous fluid; there is also heat and burning in the stomach.

Nature now points to *spontaneous hemorrhage* as almost the only means of bringing about a *favorable crisis;* but unfortunately that is too often the *avenue to death.* If a gentle hemorrhage now set in from the nose, gums, or uterus, we often see the happiest effects soon follow; yet either of these hemorrhages may prove uncontrollable and lead to death. If the hemorrhage appear from the *stomach*, it makes *black vomit*, and is the most dangerous of all. The effects of the first free discharge of black vomit is decidedly soothing, and marked relief of the distressing stomach symptoms is experienced. This, doubtless, proceeds from the disgorgement of the congested organ. If the effusion of blood into the stomach be very slow and in moderate quantity, the same relief does not follow, and after death the mucous membrane is found of a *livid hue.* The effusion may be so rapid, that pure, unchanged blood is thrown up. If the patient has been extremely depleted in the early stages by blood-letting, purging and sweating, the crisis is not so apt to be marked by hemorrhage, yet I have seen a man die with copious black vomit who had lost near an hundred ounces of blood by venesection and cups.

We should never lose sight of the important fact, that *yellow fever has a natural tendency to crisis by hemorrhage.* This is proved by the general observation, that when the disease runs its course, uninterrupted by medical treatment, it will terminate in this manner, in a great majority of the cases. By judicious treatment, the fever may be brought to a crisis in a different way, as by free secretions from the skin, liver and kidneys, and this is one of the main objects of the practitioner; but how often does he welcome the appearance of a gentle hemorrhage from some safe part, when his remedies seemed like failing to produce the desired effect. When the fever is cut short and cured by quinine or the lancet, neither hemorrhage nor jaundice are apt to appear; hence we may infer that these symptoms proceed from alterations of the blood produced by the continued action of the morbific cause. What these changes are, as before stated, remains to be discovered.

Let us return now to the *indications in the unfavorable state of affairs, at the third stage of the disease.* They are, to keep the patient as quiet as possible, to allay the irritability of the stomach, and to correct acidity by soothing alkaline mixtures, and to restore the action of the skin by repeated frictions of warm vinegar or spirits and water. If there be considera-

ble determination to the brain and stomach, with deep redness of the face, lips and gums, we may be sure that the patient will not recover without hemorrhage; but if we continue to draw blood in this stage, *it must be by a method as much like a gentle hemorrhage as possible.* In this condition, the application of a few leeches to the head, epigastrium, anus, or internal malleoli, is sometimes followed by the happiest effects. Our *principle of action* in this stage is, to husband carefully the remaining vital forces, and to follow closely the directions of nature. The disease now comes to a *final crisis*, and the patient either convalesces or dies. Either of these processes may prove tardy and dubious, but I cannot pursue them much further at present.

At this stage of the disease there is sometimes observed a *deceitful calm* that is calculated to disappoint the flattering hopes of the inexperienced.

After three or more days of excitement, pain and torturing restlessness, the patient becomes quiet and easy. The skin is of the normal temperature, the tongue moist and clean, the mind clear and undisturbed by apprehensions of danger. There is really *but one symptom* that indicates impending danger, and that is the *total suppression of the renal secretion.* It will be found, upon inquiry, that no urine has passed for twelve hours, and there is none in the bladder. This single symptom is sufficient to excite fearful forebodings, though everything else appear favorable. *The urinary secretion must be restored, or the patient will not recover.* Special attention should now be directed to this indication, but unfortunately not much can be done in the existing state of the patient. Fomentations, stimulating frictions of turpentine and diluent injections may be resorted to; but we should be extremely cautious how we disturb the stomach with medicines.

The stage of *convalescence* is worthy of a passing remark. The crisis of this disease is followed by great *prostration*, yet the convalescence is generally rapid, provided all imprudence in diet and exercise be avoided.

It is astonishing how slight an imprudence in either of these may produce serious consequences. The mere sitting up a minute or two, taking a mouthful of solid food too soon, or eating three spoonsful too much of soup has been known to cause a fatal relapse.

Our principle of action in this stage is, to *avoid imprudence of every kind, and allow nature the fairest chance to recuperate her prostrated powers.* Good London porter and ale are among the best tonics at this stage.

Such is a rude attempt to lay down the *principles of practice* in yellow fever. It will be seen they are based in a great measure upon *theory;* but that is unavoidable in the present state of our knowledge. We are necessarily *compelled to theorize upon matters that are not visible and demonstrable.* Every physician has his theories, however rude or reasonable, and *his* are best that lead to the most successful practice. The principles here so briefly laid down, are only applicable to ordinary cases of yellow fever, and are not expected to cover all the various conditions that are met with in this disease. I once heard an experienced and highly intelligent physician remark that he had generally found yellow fever to be much the same on all occasions, and that he hardly ever varied his plan of treatment. This remark does not accord with the observation of the best writers on this and other epidemics, most of whom agree that these diseases often present very dificrent types and require corresponding modifications of treatment.

I have said that in the late terrible epidemic, I first practiced the *abortive method* by large doses of quinine, which did not succeed to my satisfaction, and I soon fell upon a milder plan. The following are the results:

I treated in private practice one hundred and thirty-seven cases of well marked yellow fever, exclusive of cases to which I was called in consultation. Of these, nineteen died, and I signed the certificates of death. *Nine* of these deaths occurred in cases to which I was called *at or beyond the second day from the attack*, and several of them were at the *close of the third day*, when the patient was on the verge of *black vomit.* They were too far advanced to expect much from medical treatment, and therefore I do not consider myself chargeable with the results. The other ten deaths occurred in cases that I had a fair chance to treat, and should have cured if I had known how. The rate of mortality, then, for the whole number of cases, was 13.86 per cent., or about *one in seven.* Deducting the *nine deaths* that occurred in patients who were beyond the proper stage for treatment when it was commenced, we then have one hundred and twenty-seven cases with ten deaths, which is at the rate of 7.87 per cent., or *one death to not quite thirteen cases.* This is a conscientious statement of facts, and if any one had better success in the late epidemic, I can only say I am glad of it.

P. S.—Since the foregoing remarks were written, a new remedy for yellow fever has been brought into notice by the physicians of Savannah, Ga. It is the *Muriated Tincture of Iron.* On seeing the high encomi-

ums passed upon it by the late Drs. Wildman and Harris of that city, which has recently been severely scourged by yellow fever, I resolved to give the remedy a trial, although I had no expectation of seeing it accomplish as much as was asserted by Dr. Wildman. I have prescribed it in about thirty cases at the Charity Hospital, and ten cases in private practice, and must say that I think it a valuable addition to our stock of remedies in this terrible disease. I have not ventured to rely upon it *exclusively*, but have given it cautiously, and called in the aid of other remedies, when they appeared to be demanded by the exigencies of the case, such as cupping, purgatives and diaphoretics. I have usually given to adults twenty drops of the tincture, in a little water, every two hours, commencing as soon after the attack, as the bowels were well evacuated by castor oil or some other gentle cathartic. The remedy seems to be best adapted to the *early* stages of the fever. The *good* effects I have observed from it are the following: It appears to relieve the pains in the head and back, and induces sleep; it allays thirst, causes a copious secretion of urine, and most generally promotes perspiration; it appears to soften and reduce the frequency of the pulse; it generally sits well on the stomach until ten or twelve doses are taken, and causes an appetite for food, which is sometimes ravenous. On the other hand, I have observed the following *objectionable* effects from it: It sometimes causes vomiting, when continued too long; and is apt to produce constipation of the bowels, though not in all cases; if given late in the disease, it sometimes creates burning in the stomach, and makes the tongue dry. I have not *seen* any benefit from it in *black vomit*, nor much indeed after the second day of the fever. I lost two severe cases at the Charity Hospital which commenced taking the tincture on the *second day* of the fever, and four or five others that commenced later, some of them already in a hopeless state; but have had no death either in the Hospital or private practice when the remedy was commenced within twelve hours from the attack. I must repeat, however, that my treatment was not confined to this remedy alone. In several it was discontinued, *for cause*, and in others efficient adjuvants were resorted to. In some cases the remedy appeared to act like *a charm*, completely subduing the disease in twelve or twenty-four hours; in others it appeared to do no good. Slight hemorrhage from the nose, gums or uterus appeared in a few cases treated with this remedy, but this was always followed by good effects. It may be supposed by some persons that the cases which yielded so readily under the use of this remedy would have

done equally well without any thing but a mild cathartic and warm teas. This is certainly *possible*, but I am not inclined to think it equally *probable*. I repeat, that so far as my experience as yet goes with the muriated tincture of iron in yellow fever, I am inclined to think it possesses considerable *virtues*, and that it well deserves the attention of the medical profession. I shall probably soon report some cases treated with this remedy, and the reader may then form his own opinion of its effects.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. XV.

Syphilitic Iritis.—The eyes, like other parts of the body, are subject to different affections in the course of a syphilitic disease. Thus they may be the seat either of *primary or secondary symptoms.* As I have already said in preceding lectures, the primary symptom, chancre, can effect the eye-lids or conjunctiva, as well as other parts of the body; if we meet with it less often there, it is because the infecting cause is more rarely applied.

Syphilitic iritis is an affection which has been but lately discovered and described, and what is remarkable in its history, is that so important a symptom should have been overlooked by that best of observers, John Hunter. To a German by the name of Schmit belongs the credit of having first called the attention of the profession to this affection, and since then to the talents and industry of Beer, Saunders, Wardrop, Lawrence, Samson, Velpeau, and others, are we indebted for accurate and full descriptions of this disease.

In order to be convinced that there is such a thing as iritis of a purely syphilitic nature, it will be sufficient to watch the evolution of secondary symptoms, and to notice the close relation they bear to the different forms of iritis. Syphilitic iritis, which belongs to the group of secondary symptoms, rarely shows itself alone. It is most frequently either preceded or accompanied by some cutaneous eruptions, of which the lesions of the iris seem to be but repetitions; for iritis may either be exanthematous, papu-

lar, vesico-pustular, tuberculo-ulcerations, etc. The syphilitic affections of the iris occur either at an early or late period, and may affect one eye, or both, either simultaneously, or successively.

At the time of the *physiological* school, when Broussais had produced such a violent *reaction* against mercury, it was thought that iritis was always owing to the influence of this remedy, and not to syphilis. If we did not distinctly recollect all the errors and exaggerations that this school was guilty of, it would be really difficult to conceive how such an opinion could have been entertained in face of innumerable cases, in which this lesion appeared without the influence of mercury, and which so rapidly recovered under the influence of this remedy, even pushed to salivation.

In admitting constitutional syphilis to be a cause of iritis, the oculists of the German school have made a special iritis with special symptoms; whilst most French and English writers have been unable to find any pathognomonic signs by which it could be distinguished from ordinary iritis. The only difference is this, that syphilitic iritis is most always either of a sub-acute or chronic form. Some German oculists, among whom I must mention Beer, maintain that an ovoid form of the pupil is a pathognomonic sign of the syphilitic nature of the affection. This oval pupil has, according to them, its larger axis externally and inferiorly, and the smaller internally and superiorly. They suppose, also, that in unspecific iritis the longer diameter of the oval is horizontal. But how can such an opinion be maintained, when we know that the alteration in the shape of the pupil is caused by lesions, which may occur in any part of the iris. The deformity of the pupil is owing to deposits of lymph upon either surface of the membrane. This fact, then, is sufficient to show that there cannot be anything decidedly characteristic in any particular shape which the pupil may assume. The only symptom which can be regarded as at all pathognomonic, is the eruption sometimes appearing on the iris, which is quite analogous to the syphilitic eruption on the skin, as much so as the anatomical differences of the part will permit.

Most generally syphilitic iritis is not preceded by any premonitory symptoms, except other syphilitic manifestations, such as cutaneous eruptions. Frequently, the eye may be injected and quite red without the patient's noticing it. Sometimes, however, a nocturnal pain following generally the course of the supra-orbital nerve is felt; at other times, the patient complains of a roughness of the ball, as if a foreign body were in the eye, which sensation is accompanied by a sense of heat.

If the eye be examined in the beginning of the affection, the vessels of the conjonctiva are found injected, and those of the sclerotic particularly.

This last phenomenon constitutes a vascular areola, which forms under the conjunctiva and around the cornea. If the patient be at that moment with the early manifestations of syphilis, such as roseola, the iritis then will be less intense, and will constitute what I have denominated *erythematous* iritis, and which others have called *serous iritis* — cases in which the iris changes its color, where a blue iris becomes green, and a black one turns of a fawn color. Here the iris becomes tumefied, especially around the edges of the pupil, which is less regular and fringe like. The secretion of the aqueous humor is more or less increased, so that the cornea is rendered more convex, and the anterior chamber increased in size. At this time, vision is more or less impaired, for the pupil is dim, but the patient does not complain of much pain, and very rarely of photophobia; but if the disease increase, and especially if it be accompanied either by a papular or a papulo-squammous eruption, then the sensitiveness of the eye augments; the inflammation becomes greater, the pupil contracted; plastic exudations take place in the iris; the aqueous humor becomes dim and muddy; the discoloration of the iris occurs; the pupil loses its transparency, and from a pure black appearance assumes a milky aspect, and then sight is for the time disturbed. It is then that deformities of the pupil take place, owing to plastic exudations over different parts of the iris, forming adhesions which deprive the parts affected of their normal mobility. Hence the great varieties which deformities of the pupil present. Beer, as we have already said, believed in a special form of specific iritis; but whoever has seen a great number of cases of syphilitic iritis, and has explained to himself the physical causes of these deformities can readily understand how they never can be either special nor determined in advance. In this variety of iritis, the exudations have a tendency to become organized, and to form false membranes, which become either adherent in front to the posterior layers of the cornea, forming *synechia anterior*, or become attached behind to the capsule of the lens to form *synechia posterior*. When the organization of these false membranes takes place in the pupil, it not only destroys the mobility of this last, but produces membranous cataract. Sometimes the disease goes on affecting the capsule then we have capsular cataract. In syphilitic iritis, accompanied by papular *syphilides*, we often have, besides the symptoms above enumerated a marked development of the vessels of the iris, often simulating vegetations which Beer has compared to condylomata; most generally, however, we observe on the iris well defined papules of the size of a millet seed, and of a coppery hue, which have a close analogy to the specific eruptions on the skin. When syphilitic iritis is accompanied by

vesicular or *vesico-pustular* eruptions in individuals with *pyogenic* tendencies, then we no longer have simple papules, but have to deal with vesicles, vesico-pustules, which are developed on the iris, and it may even go so far as to the formation of regular ecthymatous pustules, which many oculists have taken for abscesses of the iris. In these cases the inflammatory symptoms are always more intense, the iris more tumefied and injected; its periphery becomes of an obscure red or copper color, the patients usually complaining of very severe pain.

At this time photophobia and photopsia, if not already present, come on; cephalalgia becomes greater, fever which is generally absent manifests itself. The disease may still terminate favorably, and the eye resume its normal condition; but if the iritis is allowed to progress unchecked, purulent effusions take place and give rise to *hypopion* and all its consequences. If it terminates by ulceration the ulcerated points may cicatrize, but generally it destroys the iris by consecutive ulcerations. In these severe forms the inflammation may extend to the cornea, and there determine all the worst consequences of keratitis; then the *choroid* and retina become affected, and we have a general inflammation of the whole globe of the eye, which sometimes is unfortunately beyond human skill to relieve.

Although *atresia* of the pupil, that is, diminution of its diameter, be the common symptom of iritis, I have often times witnessed perfect mydriasis or amesthesia, which depended, I thought, more on a lesion of sensibility than on material changes in the substance of the iris.

Putting aside the analogies which I have endeavored to establish, and which really exist, between the cutaneous eruptions and those of the iris, the only means we have of establishing the syphilitic nature of iritis, is to inquire into the history of the case, the cause being suspected, it can be further substantiated by the chronic or subacute form which specific iritis generally assumes.

As syphilitic iritis does not supervene in all cases of constitutional infection it is natural to suppose that there are exciting causes, among which we may rank foremost cold and exposure to dampness.

The prognosis of syphilitic iritis may, generally speaking, be considered favorable, but most always depends upon a variety of circumstances. You will here see the importance of tracing out the analogies between the eruptions of the skin and the affection of the iris, for it is by no means an indifferent matter, whether there be a mere blush of redness answering to rubeola, or a vesicle or a pustule, which forms on the iris; and as we

generally find these different depositions, answering to similar ones on the skin, our prognosis must vary greatly.

Treatment.—In the treatment of syphilitic iritis the indications are: to relieve pain, which is said to depend upon inflammation of the unyielding sclerotic coat; to check that inflammation, prevent the effusion of more lymph, and causes the absorbtion of that which is already poured out, destroy any adhesions the iris may have contracted, and by dilating it, allow of free movement to the pupil.

To meet these indications we must resort both to local and general means. Mercury is our sheet-anchor in this affection, and must therefore be administered freely. The importance of the organ and the rapidity with which mischief may occur demand it. The opponents of mercury generally are here unanimous in favor of its utility; it is the neutral ground upon which we all meet. Of the preparations of mercury, I prefer the proto-iodide, pushed even to salivation. Together with mercury we must resort to other means, such as purgatives and blood-letting, both general and local when the inflammation runs high.

The local means to which we resort, and which answer our purpose, are first belladonna, to produce dilatation of the pupil. A solution of belladonna instilled *guttatim* at short intervals into the eye will generally effect this, and if this application be too irritating, it can be substituted by frictions of the extract around the eyelids. These frictions will have the effect of relieving pain when it exists around the orbit.

When inflammatory symptoms have somewhat abated, the application of blisters on the temple or over the eye-brow will generally dispel the last traces of this affection.

The patient must be kept in a dark room on low diet, and astringent topical applications ought never to be made to the eye.

Observations on First Dentition,

AND THE ATTENTIONS WHICH CHILDREN REQUIRE.

By Jules Cartier, *Student, Charity Hospital.*

[Continued from No. XIII.]

Fat meat is obnoxious to children, especially pork and goose, inasmuch as it will favor the development of any disease, the germ of which may

have existed in them from birth; moreover their stomachs, accustomed to milk and other fluid diet, are unable to perform the task of digesting heavy food and coarse meats. Children seem to choose instinctively such articles of diet as are juicy and easy to eat, such articles in fact as are most compatible with their feeble powers of mastication and resemble most the milk of the mother; these are creams, sauces and gelatinous meats. Children, like nature itself, will not bear violence; every process with them must be accomplished gradually, and it is only by a wise management that they can be accustomed to live as adults. Excess in eating is more pernicious to children than grown persons, and they usually continue to eat after the actual necessity for food has ceased, more particularly if their food be of a character to stimulate their appetite. It is therefore necessary to use discretion in feeding them, bearing in mind, however, that in consequence of their rapid digestion, a quantity of food may be given them much greater in proportion than would be proper for an adult. They should be fed frequently and at regular intervals; something, for instance, should be given them between breakfast and dinner, and then again between this meal and supper. In the evening, they should neither eat too late or too abundantly, for as they usually sleep earlier than adults, the process of digestion may disturb their slumbers.

As a necessary consequence of good health, a child must have a good appetite; if it have not this, there is evidently something wrong, some vice of constitution, some defect in training, which it must be the physician's care to eradicate or improve.

A child should never be pressed to eat; by this, much more harm than good is often done. Children, at times, manifest singular tastes; they seek with avidity indigestible substances, such as acids, unripe fruits, etc., and, although these may effect no perceptible injury, yet we may be sure there is something amiss with them. We must not forget that children are as much, if not more, under the dominions of the senses than adults, and that their desires are at times far from being the promptings of necessity.

Physical Training.—Exercise is as necessary to the well being of children as the substances upon which they feed. Nothing fortifies or preserves the health more than regular exercise in the open air. It develops the physical forces and renders the child invulnerable to the effects of changes of temperature. "Fear not," says a distinguished physician, "the contact of air, whether it be of the city or country; by exposing yourself to it you eventually become accustomed to its influences. Habitu-

ate yourself to the inclemency of the seasons, and do not class yourself among those effeminate persons who are prostrated by a gust of wind, or who go to bed from the effects of a wetting." Those who spoil children by too much indulgence or too much precaution, neither understand their destiny nor render them a service. Their moral affections should be moderated, their imperious wishes repressed; before ordering they should be first taught to obey.

Parents are false to their charge who make an idol of their child, or who increase and nourish its weaknesses; they think perhaps that their love and care may surround it with a barrier through which those miseries inherent to mortality cannot penetrate. They forget that, though for a time they dispel any trifling storm, which may have threatened their beloved offspring, that the cloud which their want of forethought has gathered from afar, will be pregnant with danger when it finally bursts upon the head of that frail creature, whose weakness they have nourished even to the age of maturity. Thesis, to render her son invulnerable, plunged him into the waters of the Styx. This allegory is full of sensible and admirable instruction. Such parents as we have referred to have more of weakness than of love; they plunge their children into effeminacy, and thus provide for them a life of infirmity. Who does not know that children too delicately nurtured, die in greater number than those who receive less care. It is needless to say that the measure of their strength should not be exceeded, that we should act with discretion, but let them be accustomed to bear those hardships to which we may expect them to be subjected when they grow up. Fortify their body against the inclemency of the seasons; habituate them to withstand the influences of climate, of hunger, of thirst, in short, dip them into the waters of the Styx.

It is easy to understand the happy effects produced upon the system by gymnastic exercises. The efforts required for their performance endow the body with a strength and supleness which is at times marvellous. It is well known that those professions which require for their exercise the almost exclusive use of certain parts of the body, favor the development of these parts to a great degree, and impart to them a prodigious strength. Thus, in the baker and blacksmith, the arms, chest and shoulders are largely developed, while a like increase is observed in the calves and thighs of the dancer. It is evident that the increased development produced in one or several muscles by partial exertion of the body may be made to extend throughout the whole system by general exercise. It must be

borne in mind, however, that a man who labors too hard or continuously will not as a consequence be strong; recuperation in his case will not be in proportion to the exhaustion of his forces. He alone will acquire great strength whose occupations require the use of it, and who is careful to allow himself proper intervals of repose. Rest may either strengthen or debilitate, hence the hygienic law of proportioning the quantity to the strength or temperament of him who labors. But to return to the subject of children—I repeat that all physical training should be gradual. We must not endeavor to harden children by exposing them to vicissitudes or exercises disproportionate to their age or constitution. Parents, who, after having long petted and spoiled their children by permitting them to lead an inactive life, should suddenly adopt the other extreme, would be punished by the loss of those for whose benefit they were laboring. Children should never be entertained with those absurd stories of which some nurses are so fond; they often give rise to cowardice and superstition. Their intellectual faculties should never be fatigued, as this is likely to impede the proper development of the organism, and to give origin to nervous diseases, perhaps render them stupid;—fruits, the ripening of which has been hastened by artificial means, never equal in perfume, savor or hue those which have matured in due season.

Nurses.—We have several times in the course of this article had occasion to speak of nurses as playing a greater or less part in the physical education of children; but not wishing to digress, we have purposely omitted all details in order to treat of them under a distinct head.

The conditions which a nurse is required to fulfill are so numerous, that it is indispensable to leave the choice of one to the discrimination of a physician. The milk of the nurse exercises great influence upon the organism of the child who often inherits the good or bad temperament of her from whose breast it received its nourishment. If there be a medium for the transmission of disease, lactation is certainly one. She who suckles a child diffuses herself, as it were, into its nature, and sometimes innocently transmits with her milk morbid affections or predispositions which she may possess, such as scrofula, ulcers, tumors, rachitis, syphilis, phthisis, etc. Children have been observed to have convulsions from having sucked while their nurses were in a fit of anger, and they are frequently tormented with colics, which can be assigned to no other cause. But if we are scrupulous as to the physical qualities of the nurse, we should be no less so with regard to her moral attributes, for these may be also transmissable.

"We have noticed," says a distinguished author, "in several adults a character much resembling that of their nurses, and the habit which prevails to such an extent among the rich of abandoning their children to the care of hirelings, may partially account for the indifference which is so often manifested by the child towards the authors of its being."

Is it not inhuman that a woman richly endowed with all the good gifts of nature, should, as soon as the fruit of her womb has seen the light, abandon the frail being to the care of a mercenary, but too often, alas, totally devoid of intelligence, health, reputation and, above all, of love?

The land of Æsop refused to nourish a foreign plant. The child of another woman is no more natural to the paid nurse than was the plant to the soil of Æsop. How can we hope that a child will thrive thus, and even if it do so, will it not acquire the disposition and bad qualities of its nurse, just as a plant imbibes good or bad juices from a soil which is not its own. Do we not know that a stem grafted to a different species has its fruit altered, and that a lamb suckled by a goat is modified in its hide, fleece, and even in its nature. It is a fact well noticed in all ages, that a nurse may transmit to her charge her vices and her dispositions. From this is derived the vulgar saying, "a child sucked its bad disposition with its milk," or that "it was nursed by a beast." Thus it is said that Romulus and Remus were suckled by a she wolf; Pelias, son of Neptune, by a mare, Telephus, son of Hercules, by a hind; Ægisthus, by a she goat; not that they were really suckled by these animals, as those of little reflection may have thought, but that their nurses possessed some of the characteristics peculiar to them. Relying upon good authorities and experience, we might adduce a great number of cases of children who have sucked from the breast of their nurses fatal inclinations and passions, of all sorts, such as hatred, jealousy, ingratitude, anger, fear, melancholy, etc. Thus, according to Diodorus, the nurse of the Emperor Nero was much addicted to intemperance, and from this cause the latter was early imbued with an inclination to drunkenness, which, at a later period, he carried so far that the people, through derision, changed his name from Tiberius Nero to Biberius Mero. The same author, speaking of Caligula, tells us that his nurse was wont to moisten her nipple with blood, that he might suck with more avidity, and from this he became so cruel and sanguinary, that he not only committed many assassinations, but is said to have wished that the Roman people had had but one head, that he might slay them all at one blow. Such abberations of the human mind are unfortunately but too common, and when a child betrays an inclination to

cruelty, theft, drunkeness, or falsehood, or is endowed with a poor intelleet, parents are surprised, and know not to what cause they can attribute viees, or from whence in their family the ehild has derived them. They, unfortunately forget that a ehild born of respectable and distinguished parents may be corrupted in its nature by a nurse who nurtures a deleterious principle within her breast. Nature revolts at a mother who, having scareely been delivered of a child whieh she has borne for nine months in her womb, and nourished as a part of herself, should refuse, at the time when she may press it to her bosom, those caresses and cares to whieh her child has a natural right. The aneients represented natural solicitude and devotion under the form of a pelican which pierces its own bosom to nourish its insatiable brood. What a contrast to those mothers who, for the sake of a ball or other fashionable enjoyment, saerifice the noblest feelings of their nature — those which have their origin in maternal love. She who smothers in her breast those instinets of devotion to her offspring whieh a wise Providenee has implanted there, is unworthy of beeoming a mother. The eoneeption of a child is but the result of the gratification of a earnal desire, but the affection of a mother flows from a more pure source — devotion and virtue.

We are aware that, as in grammar, many of the rules which we have laid down are subject to exeeptions, and of two evils we must always ehoose the least. *"Hæc scripsi non otii abundantia sed amoris ergate."*

Case of Retroflexion of the Uterus:

By M. Schuppert, M. D., *of New Orleans.*

Before entering upon the details of the following ease, it may be well to make a few remarks in explanation of the correet meaning of the term retroflexion.

There exists, without doubt, mueh confusion concerning the relative signifieation of the terms flexion and version of the uterus. In opposition to Simpson, Bennet, and other British authors, we understand by flexion sueh a ehange in the form of the uterus as eonsists in a deviation of only one part, from the axis of the organ; it is a speeies of angular ineurvation, by whieh the fundus leaves its normal situation, deseends and approaches the vaginal portion. By version we mean an altered position of the whole or-

gan. In a word, flexion is a partial, and version a total displacement of the uterus. Thus, we speak of anti-flexion, if the fundus uteri inclines forwards; and of retroflexion, if backwards. Lateral flexion is where the fundus turns either to the right or left.

Early last December I was called to see Mrs. C. B., ætat 24; delicate constitution — had been two years married. She was laboring under that cohort of symptoms usually designated by the term hysteria, suffering with palpitation, suppression of the respiratory functions, terminating at times in syncope; violent cephalalgia, cardialgia and repeated vomitings; severe pains in the sacral and hypocondriac regions; pains in the thighs; cystalgia, with retention of the urine; constipation, defœcation being attended with much suffering and the passage of hard scybalæ. Her catamenia had always been regular from her fifteenth year, but at this time they were retarded, and she was affected with leucorrhea.

During the three months preceding the date of my last visit, the patient, distracted by her great sufferings, had exhausted the resources of several quacks; of course without obtaining relief.

I was informed that two years previous, and a few months after marriage, the patient had fallen from a height of some fifteen feet, and struck upon the sacrum. After this she was confined to bed for sometime and lost considerable blood per vaginam. No further information throwing light upon the etiology of her disease could be obtained; but there was every reason to suppose that an abortion had taken place.

Taught by many observations to regard the diseases of the female sexual organs as the most frequent source of nervous irritation, and in consideration of the absence in this case of those symptoms which characterize the idiopathic affections of the organs in question; in view of the changeable character of the pains and the simultaneous existence of morbid phenomena so variously situated and of such a violent nature, there could be but little doubt that a physical examination would complete the chain of symptoms. Palpation of the hypogastric region, in order to define the position of the uterus, was not admissible, in this case, in consequence of the severe cystalgia which existed. Ocular inspection detected no abnormal condition of the pelvis or other parts, with the exception of numerous cicatrices in the region of the pubis; dumb witnesses of the bad treatment to which she had been subjected.

Internal exploration of the vagina showed the cervix occupying nearly its normal position, but soft and shortened. The finger was able to move it to and fro. Behind the cervix of the uterus a prominent soft oval tu-

mor could be felt depressing the fornix of the vagina. It could not be elevated.

After an evacuation of the bowels this tumor was again examined, but this time by the finger introduced into the rectum; the spatium Douglasii (recto uterine excavation) was found filled out and the rectum much compressed. The size of the tumor was that of a pigeon's egg, and could now be easily raised by the finger. This was sufficient evidence that a retroflexion of the uterus existed.

The uterine probe of Simpson was now introduced into the uterine cavity. In the cervical portion it was found necessary to turn the probe so that its concavity might correspond to the flexion of the organ; in this way it was introduced to the extent of $2\frac{3}{4}$ inches. The instrument was now turned upon itself, and by pressing the handle downwards to elevate the uterus, the organ was brought to its normal position. On examination, per rectum, after this operation, the spatium Douglasii (where the fundus uteri had rested) was found to be empty.

On removing the instrument from the organ, the fundus again returned to its abnormal position, the same it had occupied before.

Now, of course, there could be no doubt of the movable nature of the tumor, nor of the correctness of the diognosis.

The manipulations above described were not productive of as much pain as might be supposed, a circumstance of much importance in the choice of treatment. Influenced by this and the fact that the disease was of a chronic character I determined upon using in this case the double uterine probe of Kiwish. This instrument has a curve similar to Simpson's, but differs from it in this, that the portion which is introduced into the uterus can by means of a mechanism, (more easily understood when seen than when described) be opened after its introduction, in such a manner as to present a biforcated. extremity, adapted to the size of the cavity of the organ. The handle may also be removed.

This instrument was introduced closed, and after the retroflexion had been overcome, and the organ replaced in its natural position, the extremity was opened (as above described) and permitted to remain for half an hour. It was then removed, and the patient ordered to keep the horizontal position. She passed a good night, and the next morning only complained of having a slight pain. The instrument was again introduced and removed in a half hour, injections of cold water being made afterwards. She was thus treated four days, the time the probe remained in

the uterine cavity being gradually increased to one hour and a half; when the catamenia made their appearance. During this time and for six days afterwards its use was discontinued, and afterwards resumed.

During the treatment as the tendency to retroflexion diminished, so did the neuralgic and other pains gradually lessen. The uterus by degrees regained its normal size, functions and position, the leucorrhea disappeared, and at the expiration of ten weeks no abnormal condition could be discovered—a complete cure was effected.

Flexions of the uterus are more frequent and more intimately connected with the diseases of women than is generally supposed. From observations made within the last three or four years, in Berlin, it has been shown that of 1440 females under treatment for diseases peculiar to their sex 127 had flexions and 62 versions of the uterus.

Although it cannot be denied that in many cases flexions may exist without producing any constitutional reaction; yet the views of Bennet and others who regard all the known morbid symptoms in such cases, as resulting from inflammation, accompanying the flexion, while the flexion itself is looked upon as of secondary importance, are evidently erroneous. There are cases enough on record, the morbid symptoms of which have been dependent neither on acute nor chronic metritis, and when, notwithstanding the presence of pains of the most violent character, as in the case reported, no signs of inflammation could be detected.

Observations upon the use of Sulphate of Quinine:

By Edward Martin, M. D., *Visiting Surgeon to the Charity Hospital.*

Messrs. Editors: It is a singular fact in the history of all things destined to be of use to society, that they should cause a feeling of animosity against them almost proportionate to the services which they are calculated to render; and this, even, in a population which derives an almost daily benefit from them.

In no community is this law more evident than in Louisiana, where the practice of medicine would be impossible without the aid of cinchona and its alcaloids, and yet the prejudice against the use of sulphate of quinine is here carried to the highest degree. The reason is inexplicable. Ask

any body why he condemns its use, and he can specify no good reason, and yet such is his conviction. The terrible mortality which is seen during our epidemics, has struck the public mind with such terror that it is inclined, as unfortunately too often happens, to attribute the deaths to the substance most generally used in the disease, and not to consider them as the result of an unknown and mysterious complaint, which is often rapidly fatal in its termination. On this subject, allow me to have recourse to your estimable journal to bring to public notice some practical facts which I have collected during two epidemics of yellow and pernicious fevers. From these it may be seen how the evil effects of quinine are sometimes improperly appreciated. We will first give a history of those cases in which quinine has been used in large doses.

Case First.— On the 26th of August, during the epidemic of 1853, Mr. A. St. M.——, a young man, 22 years of age, of a good constitution, had been two years in New Orleans, was attacked with yellow fever. A confrére and myself treated him during his attack, and after ten days of severe fever, we commenced to allow him to take food. He was still in convalescence, when, the 23d of September, I was called again on account of a symptom, apparently slight, which impeded his recovery. Here is what had happened: The patient, after taking a light breakfast, mostly of underdone vegetables, had suffered from a heavy feeling in the region of the stomach, which lasted until the undigested food was rejected. A cup of weak tea had completely restored him, and when I called, which was two hours afterwards, I found him in perfect health. I therefore thought it a slight indisposition, and prescribed a strict diet. On the 24th, the next day, his father told me that he was suffering from the same disagreeable feeling in the epigastric region, although he had taken no food. I went to see him immediately, and while I was talking to the young man, who was in full possession of his faculties, and explaining to me the nature of his pain, he fell suddenly back upon his bed, and was seized with cramps in the arms and legs, and spasmodic contraction of the muscles. His face become of a dark blue color, and this, but of a lighter shade, pervaded the whole body. The pulse was thready and slow. I no longer doubted that I had before me a case of pernicious fever of an apoplectic type. This state of congestion lasted twenty seconds, but it was only after two minute's application of cold water to the head and face, and of alcoholic frictions to the whole body, that the patient opened his eyes and recovered his senses, but still so stupified that it was impossible to make

him understand, or to obtain proper answers. This state lasted until the third paroxysm; the pulse became soft and about eighty-five to the minute, vibrating peculiarly under the finger, and somewhat irregular. In a condition of so much danger, there was no time for hesitation. I prescribed a solution of seventy-two grains of sulphate of quinine in six ounces of water, to be taken in tablespoonful doses every half hour. I also called in consultation a medical friend. We agreed upon the diagnosis and treatment of the case. I saw the patient nearly every hour; the stupor still remained to a certain degree; the pulse was full and soft, and from seventy to seventy-five beats per minute. At 8 P. M., intoxication by quinine manifested itself by simple deafness; at 10 o'clock, this had disappeared. A new paroxysm of agitation now ensued. Twenty grains of the quinine were given by enema, and one drachm in an eight ounce solution, to be taken in tablespoonful doses every half hour; at midnight, these doses were given at intervals of an hour, and by six o'clock intoxication had taken place. Deafness was nearly complete; the sight was normal; the intellect as the day before. At 9 o'clock, there was extreme agitation, spasmodic movements of the limbs, and some contortions of the body. After a struggle of some minutes, during which all consciousness was lost, the patient recovered and became delirious; from this moment his sight was completely lost, and the pulse, which during the febrile state had been as high as ninety, fell to sixty, and remained so for ten days. Talkative delirium, which however did not prevent the patient from understanding our words, and repeating them for hours and hours, lasted five days. Large baths of cold water with effusions on the head, repeated eight or ten times a day; cherry laurel water given in large doses, and continued for a long time, brought about a gradual amelioration in the delirium, which terminated finally on the sixth day. The amaurosislasted longer, and one morning the patient informed me, during my visit, that he could see the blue color of the sky; the sight improved from day to day, without, however, becoming perfectly restored. At present, Mr. St. M—— attends to his business, seeing well, but being obliged to use colored glasses to protect his eyes, as the sensibility to light is yet very great.

Case Second.—On the 22d of August, 1853, I was called, in the absence of the family physician, to the house of Mr. D. S., to treat a boy seven years of age, suffering from intense fever, which he had had for four days. I arrived but in time to see him die. The next day a younger

brother was attacked with fever, who died in three days, notwithstanding the most active treatment. In both cases, the fever had taken an ataxo-adynamic form. A remarkable fact in both children, is that the fever was not modified for a single instant, notwithstanding the administration of quinine, assisted by other powerful therapeutical agents. A few days after the death of her two children, Madam D. S., aged 25, fell sick; I was called in, and after seeing that it was an attack of simple intermittent fever, modified however by an epidemic influence, I prescribed forty grains of sulphate of quinine, divided into twenty pills, one to be taken every half hour until the effects of quinine were visible, when the doses were to be given at longer intervals. My visit was at 8 o'clock, and my orders were followed for four hours, when, at midnight, the patient, frightened at not feeling the effects of quinine, doubled the dose of pills, so as to take the forty grains in the course of seven hours. At 6 A. M., next day, I was told what had happened. I examined her; deafness was not marked; the sight good; the skin was dry, and the pulse which the evening before was one hundred and twenty was now no more than eighty. I suspended all medication, and confined my treatment to sudorific drinks, resolving to act according to circumstances. When I arrived at ten o'clock, I found this state of affairs changed; the pulse, fallen to fifty, was large, slow and easily compressed. The skin moist and cool; there was much debility, and the sight was completely lost, the deafness being about the same. I prescribed frictions, with aromatic alcohol, to the surface of the whole body, and gave internally infusions of tea and coffee. In four days, sight commenced to be restored, and slowly returned to its normal state.

Case Third.—October 3, 1854, at 2, P. M., I was called to see Mr. H., suffering since the day before; during the preceding night Mr. H. awoke chilled, and attributed his chill to a draught from an open window near his bed. The patient gave no clear account of what happened from this time to the morning following, when, notwithstanding he felt much indisposed he left for his office, where he remained until a severe attack of fever obliged him to return to his home. When I saw him he was in the following state: face conjested, intense headache, general lassitude, severe pain in the lumbar region, sensation of weight in the stomach, tongue white, smooth on its surface, thick, and of a blood red color on the edges· where the teeth had left their impressions; the gums swollen and injected, pulse large and soft, 120 to the minute, and perspiring so much that the sheets were saturated. He was at times delirious, and complained incessantly of pain in

the head and back. A purgative enema was ordered, and the following prescribed: A pill containing six grains sulph. quinine and one-sixth of a grain of opium, which was to be given every half hour. After four had been given, they were to be taken every two hours. I saw him again three hours afterwards; his condition had not changed. The three pills which he had taken had been rejected, and the fourth he retained with difficulty, on account of incessant nausea. I prescribed synapisms to the inferior extremities, together with an application of dry cups, which were allowed to remain a considerable time over the whole epigastric region and abdomen. The pills were continued every half hour. At 6 o'clock, I re-visited the patient; no change of importance had taken place, but he had retained six of the pills. By 8 o'clock, he had taken ten pills; the pulse holding up to one hundred and ten, and the intoxicating effects of the quinine but little marked. At this time a consultation was proposed, which I agreed to. Our ideas of the nature of the disease and the treatment was the same. We ordered thirty-six grains of the valerianate of quinine, divided into six pills, one to be taken every hour. At 10 o'clock, the pulse was one hundred; perspiration continued free; the intoxicating effects of the quinine had augmented; at midnight this was complete, but the sight remained good; cephalalgia had diminished, although it yet remained to a slight degree; the pulse had fallen to ninety; the intervals in the administration of the pills were increased to two hours. At 3 o'clock in the morning, the phenomena produced by the quinine had disappeared; the pulse had risen to one hundred and twenty; headache and pain in the back less; the hearing good, and sight clear; the tongue dry and brownish in the centre, the edges red; some oppression about the stomach; respiration oppressed; skin dry and burning. I ordered him frictions over the surface of the body with the tincture of arnica and serpentaria, containing, moreover, sulphate of quinine, and an enema of fifteen grains of quinine every two hours, together with two pills containing two grains of valerianate of quinine every hour. At 8 o'clock, the pulse were at ninety; the skin dry and acrid; thirst intense; intoxication by quinine complete; the sight remained good. At 9 o'clock, the patient was seized with a general debility; the pulse fell to eighty; deafness had diminished, but sight was completely abolished. For two days the skin remained dry and burning, the pulse remaining at eighty; at the end of forty-eight hours hearing was almost entirely restored; the tongue red on its borders and whitish in its centre, as in the commencement of the attack;

the gums scorbutic. A short time after this, the skin became slightly moist, and the patient began to convalesce, but complete amaurosis lasted six days, and now, the 22d of October, the patient is beginning again to see well.

Case Fourth.—On the 29th of September, 1854, I was called to see Mr. F. A. N. D., a young man aged 28 years, newly arrived in this city, lately taken sick; preoccupied for sometime with the thought of yellow fever, caused perhaps by the news of the sickness of a friend, the patient began to experience a feeling of general indisposition, which terminated in an access of fever, presenting the following phenomena: A chill of considerable duration was immediately followed by intense heat, succeeded by an abundant sweat. Each of these periods had been attended with severe pain in the lumbar region, which also extended higher up the back; a delirium of a peculiar character had followed the cold stage. This consisted in a continuous affirmation of the condition in which the patient thought himself. He was quite well, he said, and would be able to resume his occupations on the following day. This he repeated incessantly. The voice was so feeble that it was almost impossible at times to hear him, and he was affected, moreover, with general debility. The pulse was one hundred, large and soft. I ordered a purgative enema and thirty-six grains of valerianate of quinine in twelve pills; the first four were to be taken every quarter of an hour, the second four every half hour, and the third four every hour; frictions over the surface of the whole body with the tincture of cinchona. It was 10 o'clock in the evening when I made my first visit. The next morning I found the patient's skin was hot and dry; the pulse ninety, large, full and soft; the tongue with redened borders, but soft and moist; the gums injected with blood, and bordered with a whitish false membrane; deafness but little marked; sight perfectly clear; voice a little stronger, and the pain in the back almost gone; the stomach on percussion gave a clear sound. I ordered a bottle of seidlitz water in a pint of water, to be taken as a drink during the day; an ounce of powdered cinchona, divided in eight papers, one to be taken every hour. At twelve o'clock, the same condition of things existed; powders had been rejected. I had them replaced by twenty grains of valerianate of quinine, divided in twelve pills, one to be taken every half hour. At 4 o'clock, the pulse had increased to an hundred and odd pulsations; a large synapism was applied, which covered the chest and abdomen, and thirty grains of valerianate of quinine in twelve powders, one of which was to

be given every quarter of an hour until eight had been taken, the intervals between the doses to be then increased to one hour, with orders to renew the quantity for the rest of the night. Early the next day, the effects of the quinine had manifested themselves to the degree I desired; the skin was dry, and had assumed a dark yellow tinge; the gums were more spongy than the day previous, and the tongue yet red; the deafness was considerable, but the pulse had diminisned to sixty-five beats. From this time the patient took every two hours a pill, composed of extract of cinchona, two grains of sulphate of quinine and extract of valerian. For two days no change took place in the patient. I visited him every four hours. The fourth day, at 4 o'clock in the afternoon, some minutes before my visit, he experienced the following phenomena, which I shall describe in his own words: "I felt," said he, "a sensation of heat in the stomach, which extended rapidly towards the chest and heart, producing a sensation of constriction about the throat, terminating at the head, and causing me to lose consciousness for more than a minute." The patient, on experiencing this feeling, had risen up in bed, in a state of extreme agitation, asked his nurse to open the windows to give him fresh air, and at the instant fell over on his bed. I arrived soon after this had taken place; the patient had recovered his senses, although he was yet stupefied. He complained of a difficulty in breathing, and of a weight at the epigastrium. I auscultated his chest, and percussed his abdomen. I found the respiratory murmur scarcely audible, and a dull sound over the stomach. Frictions with the alcoholic tincture of arnica and serpentaria excited the circulation throughout the body; the oppression passed away, little by little; a general perspiration manifested itself on the skin, and in an hour the patient had recovered his usual intelligence. During this occurrence, the pulse, which I had found on my arrival at ninety, gradually decreased to sixty-five; the next day convalescence began, and the patient was in a few days restored to complete health.

Case Fifth.— On the 18th of August, 1853, at 11 o'clock, A. M., I was called in great haste to visit Mr. L. L., whom I was told had been suddenly stricken with apoplexy. I arrived there as soon as possible, and found the patient lying upon a mattress, and in complete possession of his senses. To the words addressed to him, and which he did not seem well to comprehend, he replied with an astonished look and slow speech, that he did not exactly understand what had taken place. I felt his pulse, which was large, soft and beating from sixty-five to seventy in a minute. The reason a physician had been called was the following: Mr. L., in walking up and

down his store, was suddenly seized with a general weakness, fell upon one of the counters, wounding his head, and for a moment his face assumed a deep blue color. He recovered his senses, and entered into the condition which I have described above. The patient was a man of strong constitution, short, fat and of a sanguine temperament. He was about forty years old, and had resided in New Orleans for more than fifteen years. The two previous evenings, about dusk, he had experienced a slight headache, which he had attributed to the heat, which was at that time intense. The thought of pernicious fever presented itself to me immediately, and I determined to act accordingly. I communicated my fears to the family, who did not seem to partake of them. I however prescribed a colocynth enema, and a decoction of cinchona, containing twenty-five grains of sulphate of quinine, with frictions of a solution of quinine over the surface of the body. At mid-day I returned to see the patient; he was in the same condition. My prescriptions had been in part neglected, the enema badly given, and the purgative suspended after the administration of one glassful, which had excited vomiting. My second examination of the patient had convinced me of the correctness of my first diagnosis, and while I was endeavoring to persuade the family of the truth of my conviction, I was suddenly called to the patient, who, it was said, was affected with spasms. I hastened to him; I found him trembling; he informed me that he experienced an extraordinary sensation. A minute afterwards he fell into convulsions, accompanied with congestion of the skin, which assumed a blackish blue color, which lasted for sixty seconds. I immediately bled the patient until the convulsion ceased and he had returned to his senses; the amount of blood taken amounted to about two pounds. He vomited at this time, the matters ejected were black and thick. I now demanded a consultation, and Drs. Valette and Alpuente were proposed to me. We agreed as to the nature of the disease and its treatment. Our case was one of ataxic pernicious fever of an apoplectic form. We ordered seventy-two grains of sulphate of quinine in eight ounces of water, a tablespoonful every half hour, and a purgative containing thirty-five grains of quinine. We revisited the patient at 6 o'clock in the evening; no evident change had then taken place. The pulse, which after the convulsion was small and contracted, had not since then been at all modified. Another solution of quinine, similar to the above, with orders to administer it by tablespoonfuls every hour. At 11 o'clock, I saw the patient again; the effects of the remedy commenced to show themselves,

and I ordered the medicine to be given every two hours. At 4 o'clock in the morning, cinchonism was complete; deafness intense; sight undisturbed; pulse slightly fallen; all medication was now suspended. At 10 o'clock, a new consultation was held; all phenomena produced by the quinine commenced to diminish. Seventy-two grains of quinine in eight ounces of water, a tablespoonful to be given every half hour. At 12 o'clock, another consultation; deafness so intense, that it was difficult to make the patient hear us; sight good, but the pulse still at ninety, small and contracted. We now suspended the use of the quinine, and made use of frictions to the surface. At 2 o'clock I again saw the patient; at half-past two a messenger came to inform me that the convulsions of the previous day had returned. I hastened to the patient, and found him literally blue; his limbs were contracted, he foamed at the mouth, his respiration was stertorous, and he tossed from one side of the bed to the other. In the midst of his convulsions, which were attended each time with a vomiting of a blackish matter, which resembled, as regards color, the vomiting of yellow fever, but differing from it in having a greater consistency, and containing more mucus, I attempted vainly to open two or three veins, but could obtain at the most, two ounces of a liquid black blood. The patient died half an hour afterwards.

During the whole course of the disease in this patient, the skin remained cool, intelligence dull, sight clear up to his last moment.

Case Sixth.—On the 30th of August, 1853, Mr. V., a young man of about 25 years of age, of robust health, and resident of New Orleans, was taken sick at 4 o'clock in the afternoon. I saw him a few minutes afterwards. His disease had commenced by a violent chill, and he was at the time I saw him perspiring profusely; his pulse was one hundred and ten, large and soft. Mr. V. was obliged to go several miles from the city; felt unwell, having a slight headache, etc. I ordered him upon his return a bottle of seidlitz, containing twenty-five grains of the sulphate of quinine, to be taken in broken doses; frictions of alcoholized serpentaria over the whole surface of the body. He passed a good night; the medicine acted copiously, and the following morning, although the pulse was over eighty, the tongue was less red, more moist, and the skin although warm had not that dry heat, characteristic of the first stage of summer fevers. A half a drachm of sulphate of quinine, in twelve pills, one to be taken each hour, was now prescribed. At 12 o'clock, the pulse was more excited, and I now ordered the pills to be taken every half hour;

lemonade as a drink. Quinic intoxication had not been produced; thirty-six grains of valerianate of quinine, in ten pills, to be taken one every half hour, was ordered. At midnight, the peculiar effects were visible; the pulse had fallen, and there was marked deafness. I repeated the lemonade and the solution of sulphate of magnesia, mixed with twenty grains of the sulphate of quinine, to be taken in a tisane in half glass doses every two hours. The next morning the pulse was at eighty, soft and large; the skin dry and burning. I again prescribed thirty-six grains of the valerianate of quinine, divided in fifteen pills, to be taken every hour, and frictions. At 12 o'clock, same condition, and the same medication; the pills are given at shorter intervals. At evening, the pulse had fallen to seventy-five, but the skin was still dry, and there was considerable nausea. I therefore prescribed twenty-five grains of sulphate of quinine in ten ounces of water, to be given in injections so as the whole to be taken during the night; one pill containing four grains of quinine and two grains of extract of lactucarium, to be taken every three hours, was also ordered. The next morning, the complexion of the patient, which was generally remarkably fair, had a slight tinge of yellow in it; there was some weight in the stomach, and a tendency to nausea. Ten dry cups were applied to the epigastric region and over the abdomen, and repeated frictions with the tincture of arnica and quinine over the whole surface of the body, were also ordered. At 12 o'clock, the state of the stomach was better, and the general condition improved. The patient was now told to take no medicine until evening. When I called at night, I found a slight febrile reaction, the pulse being ninety and the skin dry. I prescribed ten grains of the sulphate of quinine to be given by injections during the night at three different periods. The intelligence good, sight and hearing perfect. The next morning I found the patient in the same state, except that the pulse was slower and fuller. But the great increase in the yellow coloration of the skin struck me forcibly. I now suspended all internal medical treatment, and prescribed frictions with sulphate of quinine, mixed with a large quantity of simple cerate, to be repeated every half hour. At 4 o'clock, although I could see no great change, yet the patient was able to speak of his affairs. At 8 o'clock, P. M., whilst in conversation with his friends, he suddenly cried out, bent forward, crossed his arms in front of his chest, and remained in this position without being able to speak. When I arrived, I found the muscles of the arms and legs contracted so strongly, that it was impossible to extend them. The pulse

was more than one hundred, the skin cold and covered by a clammy perspiration, the jaw set, the eye bright and intelligent. The patient seemed to understand what I was saying, and to desire to answer; the respiration was rapid and noisy. This condition lasted for three hours, and was finally broken by attacks of vomiting; the matter rejected by the stomach being a darkish black fluid. But, notwithstanding all the attention that was paid to the case, the muscles gradually became relaxed, the eyelids fell; and the patient died.

Case Seventh.—The following facts came under my observation very recently. One of my own children, ætat 7, was attacked by fever of a double quotidien form—*sub-intrans.* This fever was somewhat influenced in its type by the epidemic; thus, the skin had a peculiar dryness, the gums were injected and covered by a white false membrane; the tongue was white in the centre with red edges; the pulse was over one hundred and forty. The attack had commenced in the morning, unpreceded by any cold stage; it continued until 4 o'clock, and then terminated in a slight perspiration, which had hardly set in before the febrile state commenced again. This latter continued during the whole night, ending in slight moisture of the skin, when the fever returned. My first prescription was for a purgative enema, in order to open the bowels, and immediately afterwards four grains of quinine were given by injection; this the patient retained for two hours. In the evening this was repeated; the injection was not rejected until late. During the night the child told me several times that his fingers and hands seemed very diminutive, and made several observations, showing that many objects around appeared to his mind to be diminished. As the fever was rather intense, I did not pay much attention to what he said, attributing it to a state of cerebral excitement. The next morning, whilst waiting of a confrére, all medication was suspended, but at 10 o'clock, I saw the patient again, and found him playing upon his bed, and they had permitted the daylight to enter into the room. Upon seeing me, he cried out, "*Mon Dieu*, Papa, how small you are." These words awoke my attention to what had happened the preceding night, and I interrogated the child, to know whether all objects he saw produced upon him the same effect. He told me that they did, but that this impression was only produced at the first moment, and that by degrees the objects resumed their natural size. This state lasted some hours longer, when it completely disappeared, although more quinine was administered to him by absorption and by the mouth.

I could easily cite cases analogous to the preceding, but my object being merely to call the attention of physicians to the effects of sulphate of quinine, administered at certain stages of simple or pernicious intermittent fevers, I confine myself to giving simply a synopsis of these cases; for the reader will remark that in these imperfect observations, I have spoken neither of the urine nor of the fœcal matter. I have wished simply to show that the fatality attendant upon our summer epidemics, which persons are so fond of attributing to the use of quinine, is but too often due to its insufficient or tardy employment. As for the occasional cases of amaurosis which have followed the administration of quinine, they should be attributed to the inopportune and premature application of powerful medicaments for the purpose of restoring sight.

Since its discovery it seems to have been the fate of cinchona to have always found warm friends, and equally ardent enemies. Sydenham and Morton have supported it with all their influence, while Baglivi, Ramazzini, Stahl and Gunner overwhelmed it with their bitterest reproaches. Now, congestions of the brain, chronic effusions, injections of the mucous membranes, and the convulsions which accompany the fevers of warm and marshy countries, are every day attributed to the sulphate of quinine, by a population who are sustained in their belief by physicians, too little impressed with the dignity of their profession to fear the spreading and supporting of errors which tend to destroy the confidence and respect due to medicine.

With respect,

EDWARD MARTIN.

Excerpta.

Injections of Cold Water into the Umbilical Vein to Effect the Detachment of the Placenta and Relieve after Pains.—*By M. Liegard.*—I could report numerous facts in support of the efficacy of cold water injections to effect the detachment of the placenta, if I did not fear to be prolix upon a subject the fundamental laws of which are sufficiently demonstrated by physiological reasoning. I may, however, be permitted in a few words to mention the following observation, in as much as it demonstrates that these injections alone are sufficient not only to prevent hemorrhage, but after-pains.

Observation.—I was called on the 7th of October, 1848, to see a woman, subject of this observation. The case was pressing. I found on arriving that the child

had been born a few minutes previously; it was the tenth labor of the woman. I hastened to ligature and make section of the umbilical cord; I then waited ten minutes without seeing any uterine contractions. The woman mentioned to me her fears concerning uterine hemorrhage, and the after-pains to which she had been previously affected. I consoled her by calling to her recollection her last confinement, and gave her to understand that since the successful termination of her case, I had been fortunate in many others, and that this convinced me that I should again succeed.

I made three successive injections of the umbilical vein of five ounces of cold water; after the second she experienced a slight sensation of internal cold; after the third, energetic uterine contractions ensued, and slight traction sufficed to remove the placenta. This was slightly cold throughout its whole extent, and much distended by the water injected. No hemorrhage took place, and the uterus remained under the influence of a continuous contraction.

The next morning, the woman on being interrogated concerning her delivery, assured me that she had felt no colic. She was without fever, and had already given the breast to her child several times. The uterus was still contracted, and much less voluminous than the day before. The lochia slightly tinged with blood progressed naturally. She was up on the seventh day.

In all cases after the employment of this valuable means, the progress of things resembles exactly a first accouchment. The parietes of the uterus contracting energetically prevent the accumulation of blood and the formation of clots. After-pains, if they should occur, continue but a short time, diminish, and finally disappear. The flow of the bloody lochia takes place without pain, is less in quantity, and is of much less duration. In fact, instead of being prolonged from thirty to forty-eight hours, it generally diminishes from ten to twelve hours after birth; its vermillion color lessens by degrees, and in a short time it becomes only a reddish serosity, which, as well as the white lochia, follow the ordinary course.

As to the mode of effecting these injections, as it is well known and very simple, I shall not in this place give a detailed description of it. I only think it necessary to recommend that a syringe should be used of a capacity of at least five ounces, and of which the canula should be long and fine; before this is introduced into the vein a clean section of the cord should be made in order that the vessels may be well seen. In my first experiment I made use of water slightly acidulated with vinegar, but for several years I have only made use of cold water, and its action appears to me sufficiently powerful.

On making dissection of a placenta detached by injection of the vein it will bo remarked that wherever this vessel can be traced the liquid of the injection can be found. The two surfaces of the placenta present an aspect widely dissimilar. In the internal or fœtal surface will be found the transparent ramifications of the vein distended by cold water. The uterine, on the contrary, is red and injected by the blood which has been pressed back. The liquid of the injection does not penetrate to the external surface, which is of a temperature more elevated than the other, and the sensation of cold experienced by the woman is not so intense as might be at first supposed. Moreover, this sensation is necessary as it announces and determines the uterine contractions indispensable to the success of the operation; the quantity of water injected should be graduated according to its temperature. In winter one injection of five ounces of water of ordinary temperature often suffices, while in summer it may be necessary to use two or three. There is another circumstance which often embarrasses the surgeon, and in which these injections show themselves to be promptly efficacious. I have reference the indefinitely prolonged adherence of the placenta after birth.

Paul Dubois being interrogated as to the length of time which it would be proper to wait, previous to making attempts to remove the placenta, answered from twelve to twenty-four hours. It would be easy to show that waiting so long offers many inconveniences both for the patient and physician; but what must be done? In answer to this, the celebrated professor decides that when once the extreme limit of expectation is reached, the placenta should be immediately detached.

I cannot agree with Mr. Dubois; in such a case I should believe myself culpa-

ble if, having in these injections, a mean so sure and so innocent to bring about delivery, I were to prefer the introduction of the hand in an organ already irritated, thus exposing myself to the danger of creating great pain, and perhaps violent inflammation.

Since these injections have been so far forgotten, it would be admissible to recall here some of the observations which I have already published. Observation 1st. On the 3d of December, at 8 o'clock in the morning, I delivered a lady ætat 20, by the forceps. Five hours afterwards I called to see her, and found that the after-birth had not come away, and the midwife stated that all uterine contraction had ceased, and that the adhesions of the placenta were too great to be overcome by traction which she had repeatedly tried. Different means were used, (cold compresses, etc.,) for some time. At 3 o'clock I was called again. I endeavored to introduce two fingers into the vagina, wishing to follow up the cord into the uterus, but these parts were so contracted, heated and painful, that the patient uttered loud cries. Two injections of five ounces each sufficed to restore uterine contraction, and then a slight traction upon the chord brought away the placenta. The case terminated favorable.

[Four similar observations follow.—*Ed.*]

With such facts before us, and many more might be cited, why should this means, so simple for the practitioner, so advantageous and so painless to the woman, not be adopted in general practice, to inject cold water in the umbilical vein in order to bring about the detachment of the placenta when it is not thrown off twenty minutes after the birth of the child. Then there would be no longer those terrible hemorrhages which sometimes happen more than an hour after natural delivery. No longer would we have those uterine pains so distressing to the poor mother, for whom repose is so necessary; nor those inversions of the womb, of which there is a report of another case in the "*Gazette des Hôpitaux.*" There would then be none of those introductions of the hand into the uterus, twelve or twenty-four hours after delivery, in order to separate the placenta. An operation not only painful to the patient, but sometimes followed by serious consequences.

Cesarien Operation Performed Three Times on the Same Woman.—There are already several cases on record of gastro-hysterotomy having been practiced twice on the same woman. But it is very rare to meet, in perusing authors, cases in which the child has been extracted perfectly viable, and who, as well as the mother, has lived a considerable length of time. The following is a case of the kind, the details of which were collected by M. Barjavel from his father and other witnesses.

Madame Crémieau, a Jewess, born in the year 1788, affected with a very visible deformity of the pelvis, the result of a profoundly scrofulous temperament, reached the end of her first pregnancy in 1812—the feet of the child presented. The surgeon having been called (the late M. Laurens) observed the embarrassment of the midwife, and at first thought it possible to extract the child by exercising traction on the feet. He however succeeded in extracting only the trunk and limbs. The head remained in the uterus, separated from the body. The putrid condition of the body rendered it probable that the fœtus had been dead some days. A second surgeon (the late M. Waton) was sent for. They then endeavored to bring the head down into the cavity of the pelvis, but this was impossible. Finally, the late M. Barjavel, Sen., was sent for. Having ascertained that several exostoses existed in the cavity of the pelvis, and that all the diameters were very small, M. Barjavel decided that the only way to relieve the patient was to perform either symphyseotomy or the cesarean operation. Taking into consideration the extreme deformity of the pelvis, he decided upon the latter. M. Barjavel made an incision along the linea alby, according to the established rules, and removed the head of the child with the rest of the cord and the placenta. Then he brought together the edges of the wound by the aid of sutures and adhesive plaster, and then passed a bandage around the body, and prescribed the dietetic regimen which her situation required. Notwithstanding the fact that the danger which would attend a future pregnancy was fully explainsd to her, she, at the end of a few

years, was again pregnant. On this occasion the back presented, and the fœtus became impacted. This was on the 27th of February, 1815; the cesarian operation being the only plan of relieving her, M. Barjavel operated without hesitation. The child was removed at 5 o'clock in the evening, and lived until the year 1833. The wound was united, and the patient, contrary to the advice of her physician, suckled her child till it was weaned. The 22d of April, 1819, Madame Crémieux again became pregnant. On this occasion, the family employed a young surgeon, recently arrived from Paris. He adopted the method of Lauverjart, (transverse incision on one of the sides of the abdomen.) A dead child was extracted, and the patient expired shortly after the operation from a violent hemorrhage.—*Révue Thérapeutique du Midi.*

Editorial and Miscellaneous.

The Museum attached to the Medical Department of the University of Louisiana has not received the attention it deserves. The importance of a collection illustrative of any branch of knowledge cannot be too highly estimated. Geology, minerology, etc., require for their illustration and study cabinets, which acquire increased importance according to the number and variety of their specimens, and the care with which they are selected. Everything addressed to the eye in pursuing a new study, aids immeasurably in fixing facts upon the memory, while instruction is imparted either orally or by written record. To prevent false views, however, which are always difficult to eradicate, the specimens must be correct, let the collection be large or small.

These reflections were suggested by a close examination we have made of the Museum mentioned above. It is not our purpose to enter into a minute description of its contents. Its variety and extent would forbid this, even had we, (which we have not,) space and time to attempt it. It is enough if we can, by mentioning a few of its leading features, induce an examination of its value.

For a number of years, the faculty of the Medical Department of Louisiana were compelled to struggle on in the task of medical instruction with such means only as the private resources of the individual Professors could furnish. These of course were not such as to allow them to compete satisfactorily to themselves with those institutions that had been more liberally endowed. That noble institution, the Charity Hospital, it is true, afforded an opportunity for practical instruction unequalled in the world. But more was required. Happily, the attention of the State, through her Legislature, was at length directed to the subject, and through her wise and liberal policy the present collection has been brought together, excelling *by far*, for utility, extent and perfection, any thing of the kind in the United States.

A mere glance at the list of objects enumerated in the last circular of the Department will give a slight idea of the subjects embraced.

Works of art, it is true, can never do away with the necessity of studying natural objects; yet they may do much towards assisting the investigation. Nothing can supply the place of practical dissection. But while engaged in this, the student will be materially aided in his endeavors to acquire a knowledge of the human structure by referring, in points of doubt and difficulty, to models, anatomically correct, natural in appearance, and presenting the subject in far more varied views and positions than it would be possible the dissecting room could furnish, at least in his limited time. To the advanced student, as well as to the medical men at large, they are of the last importance.

In osteology, the museum is complete, we might almost say, in the bony fabric of "man and beast." We have here the bony skeleton from the very earliest to the most mature formation, natural, artificial and detached; prepared and arranged with such exquisite skill as to afford the student an advantageous apportunity of studying the growth of bone. The development of the teeth, even, are shown in natural preparations at once striking and instructive.

The representation of the muscles in wax by Mr. Calanzoli, of Florence, embrace *minute dissections of every muscle in the human body*, each muscle shown separately in two positions, and perfectly true to nature. The viscera, nerves, blood vessels, etc., are exhibited in the same masterly manner. The beauty of these magnificent preparations can only be appreciated when seen and critically examined.

Mr. Towns has prepared for the Museum a complete series of his inimitable wax counterparts of diseases of the skin. For forty years he has toiled unceasingly in his avocation, at Guy's Hospital, London, and now stands confessedly the first artist in the world, in this particular line.

Diseases of the skin have always been a stumbling block to students, as well as to physicians even of enlarged experience. The study of years could not give the same exact idea of those complicated affections as a few hours' attention to these admirably executed models.

The wax models of the various diseases of the eye are numerous, perfect and complete. The student may examine them at his leisure, and he may do more; he may compare them with the living specimens at the Charity Hospital.

All the above enumerated specimens have been obtained under the personal inspection of the Professor of Anatomy — the agent of the State. They are of course as perfect as art can furnish, or iudustry procure. Nothing in any way comparable has ever been imported into this country.

This much we have mentioned merely on account of the rarity, beauty and extent of this portion of the collection. The pathological specimens collected in this place by the faculty themselves and the friends of the institution is very extensive, and from the rich contributions almost daily pouring in, has no limit.

Since the medical profession first became acquainted with M. Skoda's discovery of the amphoric resonnance, to be obtained by percussion in cases of pleuritic effusions, it has been occupied with the investigation of this subject. Dr. Behier, attending physician, Beaujon Hospital, Paris, who differs in his explanation with

the learned Professor of Vienna, has recently published two such cases in the "Archives Generales de Medecine."

In the first, the voice and respiration were distinctly amphoric, when the ear was placed over the supra-scapular space; becoming gradually less distinct as the quantity of fluid diminished.

In the second, the respiration alone was amphoric, and heard as well in front, just under the clavicle as in the neighborhood of the spinal column. This patient died. The other recovered.

Dr. Behier considers that the amphoric respiration is nothing more than the natural tracheal murmur, conveyed directly to the ear by the compressed and condensed parenchyma of the lung. And this view seemed to be verified by the *post mortem* examination of the patient who died, for the semi-carnified lung was closely adherent to the superior bronchial tube and to the inferior parts of the trachea. As soon as the effusion diminishes the pressure is taken from the lungs; it returns to its natural state, and the sounds again become normal. Dr. Behier, in conclusion, remarks that metallic tinkling is a better and surer sign of pneumothorax and large pulmonary excavations than the amphoric souffle.

Our attention has been called to a New York paper containing a few very appropriate remarks, in form of a criticism, of a new book entitled "Family Medicine and Pharmacy, by Dr. A. Martin." The writer of these remarks is evidently a man of sense, and one who appreciates properly the value of the services of the scientific physician. He says, "Dr. A. Martin, who in this volume gives us a condensation, or rather a series of extracts from the French philosopher, is a most devoted disciple of the latter, and believes that he cannot confer a greater blessing on his country than in making this system known to the families of the Republic. We do not believe in every man being his own doctor, any more than every individual can be his own editor, hatter or tailor. No man is warranted in trusting his family, having no more experience than a slip-shod knowledge, gathered from a few medical or scientific works. In this day of steam publications and promiscuous editing, quackery has many temptations for heads of families. We are in the extremes of either luxury or economy, attempting the latter that we may sometimes indulge in the former, and being in this state, the press always, up to the time, feeds the economic spirit of the day with all sorts of printed directions for the saving of out door expenditure. In the matter of physic, we look upon economy as moonshine, and would pitch all such books into the fire, for any practical good they are, as far as prescribing for one's self and family."

If all of those who have control of the columns of a newspaper, and who consequently exercise a certain influence on the minds of the community, were to speak honestly as this man does, and scorn a bribe to puff a quack or his system, then, people would cease to poison themselves with the vile trash which they are tempted to purchase and take, by the corrupt representations of its curative powers to be found so often in the editorial columns of the most respectable public journals.

While upon the subject of Raspail medicine, we may mention a circumstance

connected with the practice of Raspail doctors which lately fell under the observation of a medical friend. This gentleman was called to see professionally a citizen of this city, Mr. Louis Chaumette, who, he was told, was suffering with violent pains pervading the whole abdomen. On arriving at the house, and inquiring into the case, he learned that the patient had been for two days under the treatment of a disciple of Raspail, who had endeavored to relieve his pains by the applications of compresses saturated with camphorated tinctures and camphor ointments to the whole abdomen, but particularly to a tumor situated in the left inguinal region, to which the pain was mostly attributed. The patient had been vomiting incessantly for twenty-four hours, and had a persistant hiccough. His stools were suppressed, and he was tormented with incessant thirst. The entire treatment up to this time had consisted in the applications mentioned and diluent drinks.

Upon examination, a strangulated inguinal hernia was discovered. The pain at this time was so intense, that attempts at reduction could not be made. Anodyne applications were ordered while waiting for a confrére, sent for in consultation. In the evening, a few hours after this, attempts at reduction were successful, but notwithstanding preventive measures, peritoneal inflammation set in and the patient died the next day.

In this way, an affection, which if properly treated would in all probability have been of trifling import, was rendered fatal to a patient, and the happiness of a whole family was destroyed by the culpable ignorance of one who—shame to the intelligence of the State—is legally authorized to exercise the responsible calling of physician. When will the citizens of Louisiana learn the importance of legislation against men of this stamp? Such cases as this are occurring almost weekly in New Orleans. The evils of charlatanism are daily increasing. Oh, for laws to teach the citizen who those are to whom he may with safety confide!

Physico-Medical Society—*Session of September* 30, 1854—*Dr. R. Bein, President, in the Chair.*—Eighteen fellows in attendance.

After the reading and approval of the minutes of the last meeting, the President called for the reports of the various committees, and the ordinary business of the society was transacted.

Dr. Hunt, making his report, states, that he has seen a number of cases of intermittent, remittent and yellow fevers, and also quite a number of surgical cases.

Among these last, he mentions a case of dislocation of the hip, of six weeks' standing, which, after some difficulty, he succeeded in reducing. The patient, a robust athletic negro, received an injury six weeks previous to his being seen by him, which produced a dislocation of the femur upon the dorsum of the ilium.

Several attempts at reduction were made by different country practitioners, but being followed by no good results, the patient was sent to the Charity Hospital. When admitted, he presented the following symptoms: The leg was shortened to the extent of an inch and a half; the thigh, leg and foot were all inverted, so that the great toe of the dislocated extremity rested on the tarsus of the opposite foot; The knee was slightly bent; the limb was perfectly immovable to the voluntary efforts of the patient, nor could it be moved by the surgeon in the direction of abduction or of extension. There was an unnatural swelling of the hip, caused by the upper part of the femur and the bulging out of the glutei muscles. The head of the femur could be well distinguished on the *os innominatum*, with its ball directed backwards and trochanter major forwards. Dislocation of the femur on

the *dorsum ilii* being evident, attempts at reduction were immediately determined upon.

The patient being placed on the table, chloroform was administered, but acted badly in producing most violent spasms and contraction of the muscles. It was not therefore pushed to resolution. The pulleys were applied with the necessary counter-extension. After considerable extension had been made by means of this instrument, the staples gave way, and the dislocation remained unreduced. Dr. Hunt then determined to resort to a means which had been successful in his hands in one instance in which he applied it one-half hour after the dislocation had occurred. This consisted in applying the patient's knee over the operator's shoulder, whose chest was then pressed firmly against the posterior part of the thigh. The thigh, with some effort, was flexed on the side of the body towards the outside of the shoulder. When the knee was brought into contact with the outside of the shoulder, the head of the femur slipped into its place. The counter extension was made by assistants holding the body flat against the table, and confining firmly the pelvis. The operator assisted the counter extension by pulling towards himself the upper part of the thigh near the groin.

Dr. Hunt also reported a case of nephritis which had terminated fatally very suddenly. Owing to numerous abscesses which had been developed over the body, and particularly over the sternum and thighs, the death had been attributed to *piæmia;* but upon autopsy no abscesses being found in the lungs and liver, the usual seats of purulent deposits in patients affected with *piæmia,* precluded the idea of purulent infection. Upon a thorough examination of other organs, the kidneys were found to be in a high state of inflammation, and consequently very much enlarged, the tissues around very much thickened by exudations of plastic lymph; a large number of abscesses about the size of marbles were found in the interior of the kidney. This case was interesting, as it presented a fine pathological specimen of acute nephritis.

Dr. Hunt then, speaking of the treatment of yellow fever, said: Mr. President, it gives me sincere pleasure to state that the yellow fever has diminished, is diminishing, and in all probability will disappear in New Orleans before our next meeting. The epidemic commenced in the Charity Hospital on July 14th, when the first death occurred in that institution. This hospital, the largest for the sick in the Union, affords the practioners in our city an ample opportunity for studying the nature and treatment of yellow fever, and at the same time of observing the progress and condition of the epidemic in the community. The records of the hospital, in my experience, never prove that disease is declining unless the health of New Orleans is decidedly improved.

Mr. President, I will now read the list of deaths from July 14th to October 2d, in the hospital for every five days, as dated in my table:

July 14.....	1 death.	August 13.....	34 deaths.	Sept. 12.....	90 deaths.
" 19.....	2 "	" 18.....	65 "	" 17.....118 "
" 24.....	5 "	" 23.....	93 "	" 22.....	93 "
" 29.....10 "	" 28.....	67 "	" 27.....	56 "
Aug. 3.....12 "	Sept'ber 2.....	72 "	Oct. 2.....	63 "
" 8.....25 "	" 7.....112 "		

It thus appears that the disease culminated in the five days that ended on September 17th, when one hundred and eighteen persons died, and that in the five days ending October 2d, the deaths had declined to sixty-three. Besides, the admissions for the last week of September were sixty-three a day, (averaged); the admissions for the first week of October averaged only fifty-three, and of these, the number of yellow fever cases was very much diminished.

The month of September has been the most fatal period of the epidemic. Let us compare the mortality in this month in the Charity Hospital for six years.

In September of	1849,	there were	151	deaths	from yellow fever.
"	1850,	"	no	"	"
"	1851,	"	2	"	"
"	1852,	"	50	"	"
"	1853,	"	157	"	"
"	1854,	"	543	"	"

From these statistics, I must conclude that September has been the most fatal month of a yellow fever epidemic but once in six years.

Mr. President, no physician deprecates more strongly a routine treatment of fever, and particularly of yellow fever, than I do. And when I hear practitioners of medicine discoursing of their plans or modes or methods of treating this disease, "*horresco tremens,*" I shudder for humanity. Each individual has a particular organization, similar to others, but peculiar. The functions vary just as the organs differ; hence physiologists classify temperaments as nervous, sanguineous, lymphatic, bilious, etc. Every man has distinctive marks or idiosyncrasies of body and of mind, and derangements of either require the applications of means for relief, according to the condition and symptoms of the person attacked.

The symptoms and phenomena that occur in any case of yellow fever are specific and peculiar to and inseparable from the individual's organism. Hence, treatment must be directed to meet the exigences of the sick man's system, and the physician is called upon to study profoundly every case confided to his care.

The modern medical philosopher must tax to the utmost his knowledge of therapeutics in managing yellow fever. As I remarked on a former occasion, cases of plethora must be depleted. Ataxic, or depressed forms of the fever, require stimuli. A full stomach must be emptied by emetics. Purgatives and enemata are indispensable to the constipated. Astringents must be used to correct diarrhœa.

To sum up in a few words, the physician should be thoroughly versed in the institutes and practice of his profession, ere he venture to assume the management of epidemic yellow fever. He must be no routinist; he must not be ignorant of the action of any remedy that is useful. Nor must he, through prejudice, fail to apply any medicine whose beneficial influence has been established by the labor and testimony of the most scientific practitioners throughout the world.

This observation, Mr. President, leads me naturally to consider quinine as one of the remedies, used by practical men of science in a peculiar condition of the system at the commencement of yellow fever.

Previous to 1839, the usual practice of physicians was to give quinine during the periods of remission, as they were considered in yellow fever; and by some practitioners this medicine was continued until quininism, or intoxication by quinine, was produced. But, sir, in 1839, as appears in Harrison's essay on yellow fever, I proved by experiments—yes, Mr. President, in more than sixty cases of convalescence in the Charity Hospital, that quinine in large doses, from twenty to sixty grains, produce for a short time a slight stimulating effect, and a few hours after, a sedative impression that endures.

Such, sir, was the manner in which I tested the physiological action of quinine. Having tested and established the sedative effects of quinine in large doses in health, I then administered the remedy in yellow fever, in disease. But, sir, quinine should be used when the disease is confined to the blood in the circulating system, and to the nervous system. Before the *materies morbi* is developed in particular organs, when the morbid action is forming anterior to local congestions—this condition, before the head, stomach and other important organs become specially affected, quinine should be administered in a single effective dose. If taken in this condition, the pulse is quickened a little, the respiration more hurried, and for a short time the system is apparently under the influence of a stimulant. But, Mr. President, from a half hour to three hours after taking the remedy, the condition of the patient I have described is succeeded by a depression of the excitement.

The very violent symptoms all subside, the warmth of the skin diminishes, pain mitigates or disappears, the pulse is gradually subdued, perspiration co-exists, and repose ensues. After sleeping for some hours, usually the patient awakes very much improved, and his system is more amenable to treatment. Such, sir, is the wonderful result of the scientific use of quinine, one of the remedies in yellow fever. But, Mr. President, when used, the wise physician, at the same time, guards the system against derangement of the organs, and of the general functions of the economy. Depletion with the lancet and by leeches and cups, mustard foot baths, sponging the surface with hot alcohol, adding a little vinegar and tincture of camphor; mild purgatives, and enemata; local applications of poul-

tices with mustard; demulcent drinks; these, with other means, are the adjuvantia, or aids, resorted to by men of science amongst us in securing the beneficial effects of quinine, in the first stage of yellow fever.

It is a source of gratification to me, Mr. President, to state, that during the present epidemic, the practice I have indicated has been pursued in the Charity Hospital, in the Touro Infirmary, and by a very large majority of the members of this society, and with the most extraordinary success. In the Charity Hospital, I shall be prepared to show hereafter, that there has not been a loss of one in fifteen of the persons admitted six hours after their attack; and, sir, much of the vaunted success of attending physicians in this hospital, I know, was owing to the skillful prescription of the "haustus quiniæ," * by the enlightened House Surgeon and Assistant Surgeon of the institution, previous to the visit of the physician. The loss of life in the Touro Infirmary by the epidemic has been not one in twenty; and in the practice of all of us, Mr. President, who have studied the effects of this remedy at the bed-side, our loss of patients this year has been less than ever has been recorded before in the history of epidemic yellow fever.

Throughout the civilized world, sir, scientific physicians are daily contributing facts in relation to the treatment of remittent, continued, malignant, intermittent and yellow fevers, which only confirm the practice so laboriously marked out and established fifteen years ago by co-laborers in New Orleans.

Every writer upon therapeutics and materia medica treats of the potent effects of quinine on the human economy, in health and in disease. The remedy has been shamefully abused in its application by quacks, impostors and ignorant physicians, who court favor and renown by pandering to popular prejudices. Every honorable physician should stand by the principles of medicine, regardless of clamor and ignorance.

Dr. Moss said he was opposed to the views expressed by Dr. Hunt, in relation to the administration of sulph. quinine in yellow fever; that he thought quinine exercised no curative influence whatever over yellow fever; that when administered in small quantity it might do no harm, but certainly did no good, and when given in large doses, with the view of arresting the disease, (the so called abortive treatment,) he had found it to fail; that it complicated the case, and was very often absolutely pernicious; that all the good effects, said by its advocates to follow the use of quinine, would as certainly ensue if the quinine had not been administered, provided the same care had been observed in the administration of the remedies, such as laxatives, diaphoretics, antacids, local blood-letting, pediluvia, etc., and the general management, such as careful watching and good nursing.

That quinine had been a prominent remedy before the medical community of New Orleans for fifteen years, a sufficiently long period, if the remedy really possessed any decidedly curative influence over the disease, to have established its merits and superiority over all other modes of treatment, beyond question. There are many physicians in the city of New Orleans quite as scientific, skillful and capable of administering any remedy as correctly and judiciously as the advocates of sulph. quinine, who have tried it fairly, and failed to find the good results following its use, which have been claimed for it by those who make it the strong feature of their treatment of yellow fever. Dr. M. asserted and could show, that those physicians who did not use quinine in their treatment, were quite as successful as those who did; and as it did not cure a great number of patients, or hasten their recovery, and in many instances did harm, he could see no good reason for prescribing it.

Dr. M. said he did not recognize any analogy between the relation which sulph. quinine occupied towards bilious, intermittent and remittent fevers, and the rela-

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* The haustus quiniæ of the Charity Hospital is—
Quiniæ sulph., ℈i.;
Tinct. opii., ♏ xxx.;
Acid sulph., gtt. ij.;
Aquæ menth pip., ℥ss. ♏.—[*Editors.*

tion which it occupied towards yellow fever; that yellow fever was dependent upon some cause which was entirely different from and had no common origin with that of bilious, intermittent and remittent fevers; that he believed sulph. quinine to be the great remedy and the antidote for bilious, intermittent and remittent fevers, but not so with yellow fever; that in bilious, intermittent and remittent fevers the effect of the remedy was palpable and undeniable, that the effect was certain to follow the cause; that the proper administration of the remedy was sure to be followed by the cessation of the disease, but he was sorry to say it was not so in yellow fever. Dr. M. said the great test of the value and superiority of a remedy in any particular disease was the curing of a larger proportion of cases than any other method of treatment, and that such has not been the results following the administration of quinine in yellow fever. Dr. M. was ready to admit that cases do occur sometimes of a mixed form of fever, where persons had been for sometime residing in an atmosphere strongly impregnated with the causes of intermittents and remittents, and then go into a yellow fever atmosphere, and take a form which would exhibit peculiarities of both forms of fever, and make the administration of quinine proper and advantageous.

Dr. Fenner remarked that he had seen a great many cases of yellow fever, and that having tried the muriated tincture of iron in some sixty cases in the hospital he had good reasons to be pleased with its effects in the treatment of that disease. Dr. Fenner regretted that the lateness of the hour prevented him from making some further remarks which he desired to communicate to the society.

Dr. Meux stated to the society, that in his practice this summer he had treated, successfully, thirty cases of yellow fever, and that in no case did he use a single grain of quinine.

Dr. Hart, in reply to Dr. Hunt remarked that although the time allowed for discussion admonished him to be brief, yet he could not resist the temptation of a reply, in a few words, to the learned observations just uttered by the gentleman upon the important question of yellow fever, and its treatment by quinine so eloquently advocated. I flatter myself, said Dr. Hart, with the hope that the brevity of my views will enable you the more readily to apprehend the spirit in which the truth should be sketched, the limits of which were so difficult to define. The knowledge of the connection of events of yellow fever and its casual relations, is assumed to be passed by the gentlemen present, and it will be, consequently, sufficient merely to indicate the phases, and to determine the influence which the many courses of treatment have exercised in the gradual increase of our knowledge. I would ask the gentlemen if, after the experience of last year's epidemic, they were prepared, on the invasion of the disease this season, to ward off the effects and consequences with any more certainty? I contend not, and am forced to assume upon principles, that our advance has not bettered the condition of the affected; the searching intellect of scientific observers has determined our inability to fathom the very many arcana of nature, and thus far have they foiled our efforts; and although we must admire the indomitable courage with which research has been and is continually being made, we are compelled to confess, however humiliating, our utter ignorance of the causes of epidemics, without which knowledge it were vain to seek for remedies to overcome their effect. Quinine, gentlemen, you have been told should be the sheet anchor, our only hope of success as detailed by the learned gentleman.

Let me add my experience. Every individual here must know what success a thousand methods introduced and carried out in the Charity Hospital have acquired during the time. Persons, non-professional, were invited to test their methods, and must I declare it? they proved equally as successful as the regular practitioner. Again, gentlemen, we are told the condition of a yellow fever subject after the administration of quinine is so much changed for the better, that every one's experience could be a guarantee for its administration. Who among you, gentlemen, could have failed to observe, as one of the sequences of yellow fever invasion, and that a lapse of twelve or fifteen hours determines the very same phenomena—a soft skin with gentle diaphoresis, a round and full pulse, the patient cheerful and declaring his entire exemption from all pain? Are we, with this fact, to declare it the effect of quinine? No, gentlemen, last year's

experience among one hundred and sixty cases, where not a grain of quinine was administered, but twenty-three certificates of death were written. In this year's epidemic, so far, sixteen cases were treated by me, but one certificate was required, and not one grain of quinine used. A gentle course of expectant remedies with endermic remedies conquered the disease.

Time admonishes me; I feel your unwillingness to undergo an *artesian operation*, yet I cannot but request a moment's attention. All experience tends to prove that each course of treatment has had its success and advocates, and that upon principles of medical philosophy, we are not to rely upon any given remedy, but to use our experience in warding off bad symptoms by such means as have, under like circumstances, been given with benefit to the sufferer.

Dr. COPES had seen, as diseases of the past month, a good deal of yellow fever, some intermittents, and a few cases of remittent form. He had also treated infantile diarrhœa, jaundice, pneumonia, furunculi, and one case of typhoid fever, occurring at a private residence, in the Fourth District. He had seen no Asiatic cholera. He had encountered an interesting case of preternatural labor, the details of which he had designed to relate, but the lateness of the hour admonished him to omit it.

As the essential pathology of yellow fever remains after all our investigations so exceedingly obscure as to afford us no reliable lights to guide our treatment, it is the more important that the observations and experiences of practitioners should be fully given and compared. Possibly, by this means, by continuing to narrate, to record, classify and analyze the facts in relation to this terrible disease, which instead of declining appears to be increasing in the power requisite to extend its malignant conquests over regions hitherto exempted from its dominion, we may arrive at a better understanding of its laws, and thus form some sound conclusions regarding its remedies. We had as well confess, that now, as well as in all past time, it is one of those diseases in which we can demonstrate neither its cause, pathology, nor mode of propagation; consequently, we are cut off from the invaluable resource of induction almost entirely. Our experience, and our facts, are of so contradictory and uncertain a character as to stop us from the assumption of truths not contained immediately in those facts or that experience. We cannot, except at serious risk, advance a step beyond, or diverge a line from the path of experience, and even there our travel is bad enough. Every step is too often a mired or an ambushed road.

With respect to the rejection or use of the salts of cinchona, he said, in his judgment, no sweeping or general rule should be admitted. He believed, that if used at all, they should be given early and in adequate doses, though he did not believe the major quantities in which they had been administered were either necessary or safe.

In plethoric subjects of vigorous constitutions, or those in whom the nutrient predominated over the nervous and intellectual powers, and after proper evacuations and local or even general depletions had been used, he felt confident that quinine in some form — the *haustus quiniæ* of the Charity Hospital, as well as any other, would be found preëminently useful; but in opposite conditions, and especially if much time had been lost, he had been unable to derive anything like the same benefits from it. With these, the expectant or soothing, or it might be the more stimulating or tonic plan would be preferable.

Last year, both in this city and in Jackson, Miss., he had much reason to be satisfied with the results from a moderate but tolerably uniform employment of the sulphate or ferrocyanate of quinine; but during the existing epidemic, in a number of cases, he had, as he thought for good reasons, essentially departed from it. He had treated children and young persons of excitable temperaments most generally without its use, and had no reason to regret the change thus made. The extreme and very troublesome insomnolency and restlessness which even in favorable cases so often ensued in those treated by quinine, in both epidemics, were, he thought, by its omission, avoided.

Dr. BEIN reported to the society an interesting case of a child 4 years of age, affected with yellow fever, in whom black vomit had appeared thirty hours after the commencement of the disease. Upon the appearance of black vomit, phos-

phate of lime was administered, but with no favorable results. The patient was put on the muriated tincture of iron, and whilst taking this black vomit ceased. The little patient was left in a great state of prostration; it revived, however, under the use of injections of spirits of turpentine, and the use of brandy and beef tea.

Dr. Bein also said, that he had used the sulphate of quinine largely, both in private and hospital practice, and the good results invariably obtained from its administration early in the disease, had led him to depend upon that therapeutic agent as the sheet anchor in the treatment of yellow fever.

The society, on motion, then adjourned.

Homœopathy in Trouble.—We read in the Gazette des Hôpitaux, for September the 31st, that the public authorities of Marsailles, France, have visited the homœpathic drug stores, seized their preparations and closed "the shops." They state, as a reason, for so doing, that the substances thus sold were not prepared according to the French pharmacopœia, and in the large majority, careful chemical analysis was unable to detect the slightest quantity of the active principle pretended to be contained.

To Subscribers.—We would have the friends who so liberally subscribe to our "Journal," remember that the season of settlements is now coming on, and that we are anxious to have a clean balance sheet. We call upon them therefore to act as good American citizens and set the new gold coin in full circulation. A three dollar piece is easily transmitted by mail.

This being the first year of our enterprise, we have not been able to offer as much original matter as we had desired; but we have been successful, at last, in effecting an arrangement with several medical men of high standing in Europe, from whom, for the future, we shall hear as from regular correspondents; thus making our "Journal" a means of constant communication between members of the profession of the two continents.

Charity Hospital Report—Month of September, 1854:

Admitted,	1,902
Discharged,	1,216
Died,	641

Births, 21—7 males and 14 females.

Of the 641 deaths, 543 were from yellow fever.

Reports from October 1st to 28th inclusive:

Admitted,	1,311
Discharged,	1,016
Died,	353

(of which 267 were from yellow fever.)

Births, 11—4 males and 7 females.

In consequence of the crowded state of our pages, we are obliged to leave out our usual hospital reports, together with a large quantity of interesting excerpta. These will appear in our next issue.

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

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Two cases of Aneurismal Varix.

Reported by J. P. C. WEDERSTRANDT, M. D.

Case I.—This patient is at present in ward No. 20 of the Charity Hospital, New Orleans. The account he gives of himself is as follows: About seven years ago a difficulty occurred between himself and the inmates of a house on Tremé street; fire arms were used, and he received a wound in the neck. The ball entered just above the sternum—a little to the right—appeared to have passed under the sterno-mastoid muscle, and perforating the trapezius, emerged on the posterior part of the scapula of the right side. A violent hemorrhage took place at the time, which was arrested by compression, etc. He then entered the hospital, when the attending surgeon noticed a tumor, situated just above the clavicle, in the neighborhood of the wound, formed apparently by the dilatation of the external jugular vein, and its branches. On auscultation there was a loud bellows murmur accompanied by a distinct purring thrill. This murmer was heard extending down in the direction of the course of the descending vena cava. It obscured the normal sounds of the right side of the heart. Such is the history given us. On examination at present, the tumor is still seen, and auscultation gives the same results as above described. The right arm is withered, being about one fourth smaller than the other; the power to use it is in a great measure destroyed; its temperature is lower; the sensibility less, and the pulse weaker and not synchronous with that of the opposite side. The patient is pale and anemic, resembling many cases that we see, where there is permanent patency of the aortic valves. Could this state have been caused by defective nurition, the result of disorder in the gen-

eral circulation? The interesting query also arises as to what artery and what vein were injured at the time of the accident. Could it be the carotid and the internal jugular vein? One would suppose so from the direction which the ball seems to have taken. Could it be the subclavian artery and vein? But would not similar wounds produce almost instant death? The feel of the tumor is precisely the same as that of aneurismal varix at the bend of the arm, the results of accidents produced by venesection. The blood rushes evidently from the artery during the systole into vein, and from the vein into the artery during the diastole. The commotion of the blood so rushing, gives origin to the murmur, and the purring thrill is nothing more, if such an expression may be used, than the *feel* of this murmur.

Case II.—This man received a gun shot wound in the right side, just above the groin, and midway between the anterior, superior spinous process and pubis. He came to the "Maison de Santé" about six months since, and stated, that at the time of the injury he suffered from a succession of hemorrhages which almost reduced him to the point of death. However, this bleeding was finally arrested by external compresses, and the wound in the walls of the abdomen closed. On attempting, however, to take exercise he found that the limb swelled greatly, commencing at the foot. The temperature of this leg was lower than that of the other, and its sensibility decreased, nor had he as perfect use of it as before the accident. A tumor, about the size of a goose egg was found just under the scar of the wound, attended with a loud bellows murmer and purring thrill. Some three months after the appearance of this, he was advised by his friends to consult Dr. Stone; for this purpose he had entered the infirmary. The murmur above mentioned, was distinctly heard, and appeared to be transmitted along the ascending vena cava to the right side of the heart; the normal sounds of the right side of this organ being greatly obscured by it, those of the left remaining perfectly distinct. Thus showing, as is generally admitted, that sounds are transmitted in the direction of the currents of the fluid in which they originate. The purring thrill was very strongly marked. The limb was enormously swollen, and there was less heat, less sensibility, and great loss of motion. An opening had evidently been made by the ball between the external iliac artery and the vein. As occurs in such cases, the blood rushed from the artery into the vein during the systole, and from the vein into the artery during the diastole, giving rise to the murmur and thrill. Query? What was the cause of the

swelling of the limb? Was it the rushing of the blood from the artery into the vein, whereby the venous circulation was obstructed, causing effusion of the serous fluid into the areolar tissue? Or did the swelling act as a tumor in compressing the vein? The loss of temperature in the limb was accounted for by defective arterial circulation, and the diminished sensibility by the pressure upon the nerves. After remaining a few days in the hospital, with the leg in an elevated position, the swelling disappeared. The patient now became anxious to have an operation performed for his permanent relief. He had been told that the ligature of the artery would effect this object. In as much, however, as such an operation would involve serious consequences, he was advised to return home, lead a quiet life, and make himself as comfortable as the circumstances of his case would permit. The objections to the performance of the operation were great. In the first place the wound inflicted would necessarily implicate the peritoneum, and cause him to incur the risk of peritoneal inflammation; secondly, two ligatures, according to the best authorities in such cases, would have to be applied, one above, the other below the tumor; and as, after the lapse of a certain time, the artery is generally found greatly dilated and very brittle, there would be danger of its being cut through, and of death from secondary hemorrhage. We are of the opinion that the advice he received was the best possible under the circumstances.

Two Interesting Cases:

Contributed by J. C. Nott, M. D., *of Mobile.*

Protrusion and Sloughing of Entire Rectum.—In April last, I was requested by Mr. T., a well known merchant of Mobile, to see his child, a daughter, then about fourteen months old. She had been fretful, and her mother discovered that a small quantity of blood had passed both from rectum and vagina. The child, a few days before, had swallowed and thrown up some fragments of broom straw, and it was surmised that a piece might have passed down into the rectum, and protruded through into the vagina; but no straw was seen in these parts. I directed a dose of oil, flax seed tea injections into rectum and vagina, and quiet. In a few days all seemed well again, and nothing occurred during the summer to attract attention.

About the 20th September, the child became uneasy, and passed a little blood again, and on the 22d, I was sent for in haste to see it, but being absent from my office, Dr. Innerarity was requested to call, and found about six inches of intestine protruding from the *anus*, with the lower end free and unattached. Seeing no immediate indication, he proposed not to interfere before my arrival, as I was the family physician. I saw the child with him a few hours after, and found, as above stated, the bowel protruding. On examination, it seemed that there had been an abscess and ulceration around the *sphincter ani*, that the perineum had given way, thus throwing the rectum and vagina together, and that the large intestine cut loose from its lower attachments had passed entirely out to the extent of six inches. The child was in pain, cried violently, and made all possible resistance during the examination, and, in fact, prevented us from making as full and fair an examination as we wished.

The most important question, however, was, what could be done to remedy the difficulty? It was clear that no good could be expected from stuffing the intestine back into the pelvis; it would certainly be expelled immediately, and our examination even was terminated as quick as possible, as the straining efforts of the child, while screaming, had a tendency to force down more bowel.

The case was therefore left to nature; the stools passed through the protruded portion every day, and on the fourth day, the bowel being completely sphacelated, I clipped it off close to the anus with a pair of scissors. Since that time, the general health of the child has been pretty good. It had a teething diarrhœa previous to the accident, and has had from two to half a dozen operations during the twenty-four hours ever since. The operations are soft, but sometimes pretty firm and well digested.

I visited the child this morning, (3d of November,) six weeks after the accident, and on examination find the parts apparently healed. The lacerated perineum remains and the loose bowels, but otherwise the child seems well. Owing to the determined opposition of the child, it is impossible to make a perfectly satisfactory examination of the parts, but there is good reason to believe that the bowel has formed adhesions near the anus, and that there has been created what an Irishman would call a *natural artificial anus!*

I have not taken the trouble to look over authorities, but remember no similar case on record. On my visit to day, I find that a homœopathic doctor has been called in to the case, and I retire. He has attacked the

baby fore and aft with infinitismals, and I sincerely hope may perform a fundamental miracle.

Case of Acute Phlebitis Simulating Yellow Fever.—This case has raised in my mind a new and curious point in the pathology of yellow fever, which may be worthy of investigation.

The subject was a son of Mr. I. Kirkbride, about nine years old. In March last, he returned from school limping with a severe pain in his groin. I was asked to see him, and found a little swelling, and much tenderness at the point complained of. His mother attributed his complaint to his riding on the rail of the stairs in her house, an amusement which he had been indulging in for several days.

The next morning, I found that he had been suffering very much with his limb all night, was still suffering, and had high fever, with very quick and small pulse. In the course of the day, the fever increased, he became delirious and remained so all night. The third day he had convulsions and all the constitutional symptoms became much aggravated. He was quite insensible all this day and night, and on the fourth his stomach became irritable; he first vomited simply his drinks, and finally black vomit in profusion. His skin became yellow, and he died in the course of the night, and the corpse presented all the ordinary appearances of a case of yellow fever. There was no swelling of the leg, as we generally see in cases of phlebitis, except some puffiness about the groin and upper part of the thigh.

Being rather at fault in my diagnosis, I requested and was permitted to make a post mortem examination.

Autopsy.—The abdominal viscera afforded nothing worthy of remark, except the liver, and this presented the dry, gingerbread appearance described by Louis as characteristic of yellow fever.

On cutting into the groin, the original seat of complaint, I found nothing but a little serous infiltration until I came to the femoral vein. On opening this, I discovered unequivocal marks of acute inflammation, and it was completely blocked up by firm coagulum from the groin to the ham, as far as I traced it.

Now the question is, do the veins play any important part in the pathology of yellow fever? The condition of the liver, and the black vomit in this case may suggest the propriety of investigation in a new direction.

Anomalous cases of Small Pox in the Country.

By A. P. Jones, M. D., *of Rodney, Miss.*

I propose to show that a disease, acknowledged to be contagious, may be introduced into a community without the subject or physician being aware of its inlet. Being a native of the country, and for twenty years engaged in the practice of medicine, I have had frequent opportunities of witnessing the prevalence of the so called contagious diseases — small-pox, measles, scarlet fever, hooping-cough, as well as Asiatic cholera, in its epidemic form, and last season of yellow fever. Isolated from the profession, my intercourse has been confined to such as myself — country doctors. To keep up with the spirit of the age, journalism has been the only resource. To that I have been much indebted for valuable information on practical subjects, but I frankly confess to having often been led astray on many matters, practical, as well as speculative, and on none more than on the propagation of contagious and infectious diseases — cholera, yellow fever, typhoid fever, and typhoid flux, especially. I have seen Asiatic cholera epidemic three times in this region, since May, 1834, and most solemnly aver, that I never saw a solitary case that could not be traced to direct communication with persons or places infected, or to things from an infected town or steamboat. I may, on some future occasion, submit the facts; for the present, I will, by reference to notes made at the time, give a few cases of small-pox, a disease universally admitted to be self-propagating, or as people usually express it — *catching*.

In a small rural region, where ten or twenty families are scattered over as many square miles of land, the dwellings perched on hills, remote from public thoroughfares, embowered in groves of native forest or China trees, where every comer or goer is known; where the limited social intercourse of families is noted and remembered; where a visit to town or city is an epoch, and every wagon load of goods, produce or groceries from the river is kept account of, nothing is easier than to find the ingress and trace the progress of a disease, from family to family; and yet from the cases to be detailed, it will be seen that heads of families and physicians are often at fault, and that small-pox, like yellow fever, is not always subject to fixed laws; or rather, that the laws governing both remain yet undeveloped.

July 20th, 1834, waited on Mary Hall, aged ten. With three or four brothers, she was attending an old field day school. Her father had re-

cently bought Thompson's patent and a stock of medicines; had set out to be his own doctor; had not for many months called on a *regular*, and thought he was getting on very well. Small-pox had been reported all the previous spring, in the cities, on steamboats, and some cases had occurred in the town of Rodney, the shipping and receiving port of the country. Vaccine had been procured by the practitioners and pretty generally used throughout the country. I had vaccinated most of the children attending the school, and their duties were not interrupted. Mr. Hall's family had not been vaccinated. When I first saw Mary Hall, she had had fever two or three days, preceded by a distinct chill. She now had a papular eruption on the face, arms and breast. I was called on to determine the character of the disease. Never having seen a case of small-pox, I was uncertain, and especially as the child had not been exposed. I told the father if it was not small-pox, I knew not what it was; that a few days would determine, and as the child was not bad off to let her alone. It proved to be small-pox. The question naturally arose, where did she get it. Her family were of opinion that she contracted it from the recently vaccinated children attending school, and many arguments were used to satisfy themselves and others of this fact. More than a month subsequent, the following circumstances came to my knowledge: About two weeks before Mary sickened, a wagon from Rodney passed the school-house with a load of plantation supplies just as school was dismissed, and many of the pupils, Mary among them, got into the wagon to have a ride homewards, covering up in the goods to keep off a shower of rain then falling. This wagoner had been repeatedly to Rodney of late; he belonged to the late T. B. Shaw, who owned the Clifton farm, since so celebrated as a focus of yellow fever, in 1853. He got home sick, and the disease was small-pox; how he contracted it, is unknown to this day; but as there were cases in the town of Rodney, and on two plantations in Claiborne county, six or eight miles above. He doubtless got it from some other than an "epidemic influence."

I will recur to Hall's family directly. Most of T. B. Shaw's family had the disease; none of the whites or yard servants. The quarters were a mile off, and a rigid non-intercourse observed. From this place, it got to Mrs. Margaret Shaw's, mother-in-law of T. B. Shaw. There were thirty cases here in all, and during its prevalence, the attending physician, Wm. T. Hodge, sickened of bilious fever, and died about 20th August. The small-pox cases were then placed under my hands. Dr. H. had vaccinated

and revaccinated all the family, white and black, except one. The vaccine took in all but an infant six months old, who escaped entirely, and a Mrs. Watt, wife of the overseer. The kine pock in this family was no other protection than greatly to mitigate small-pox, making it so mild that many of the field hands laid up only a few days. Both run their courses in the same subject, seemingly independent of each other, and were equally well developed in many instances. The disease entirely disappeared by the 5th of September.

Now for the anomaly. Dr. Hodge had ineffectually vaccinated Mrs. Watt; I repeated the same several times, without success. I then persuaded her that as she had been so long exposed, to allow inoculation with matter of small-pox, as the disease appeared so mild; but she declined. On the 20th September, she had a chill, followed by fever. Supposing she was now taking small-pox, I prescribed treatment accordingly. It proved to be a severe bilious fever, confining her to bed more than a week. She got up and enjoyed excellent health till the 20th November. The weather was now cold; we had seen a light freeze, and it was followed by a gloomy, drizzly autumnal season. Cases of violent cold and pneumonia were occurring. On the 21st, Mrs. W. had a chill again, followed by high fever. Her symptoms the first twenty-four hours, were thought similar to the September attack, but growing worse, I was called in next day. I found her with violent fever, delirium, dry tongue, epigastric tenderness, etc. She was extremely restless; had an unsatisfied and angry countenance, and, I thought, a peculiar smell. It is not worth while to tell what I did. I never suspected small-pox; there had been no case on the place for two months and a half, and this woman had never been from home during the time. On the morning of the 25th, the eruption appeared, and she was the most confluent case I ever saw. She got well most wofully pitted. Can any one satisfy me where this woman got small-pox? The sister and many of the neighbors visited this patient, and nursed and sat up of nights with her, in a close room. None of them took the disease; whether they had been vaccinated or not I do not know.

I examined the arms of all the negroes and whites on this place who have small-pox, and some who escaped. I found scars both smooth and pitted, and was impressed with the belief that the pitted scars escaped, or had the disease mildest. The proprietress, aged 60, refused to be vaccinated. Her husband, long since dead, was a physician of eminence in his day, and had vaccinated her when, as she said, kine pock was worth something. She had a scar as large as a dollar, and as smooth as a burn.

I will now recur to Hall's family. Being an opinionated man, he must needs inoculate his whole family (except Mrs. H., who positively refused,) and yard servants, with matter from his daughter, thinking to quarantine his field hands off. Furthermore, he must treat them with steam practice, shutting them up in close rooms and giving the heating remedies then in vogue among the Thompsonians. One of his children, eighteen months old, had it in the confluent form and died. About the 10th of August, his quarter negroes began to take it, without, as he thought, coming in contact or near those sick. They were subjected to a like practice during the dog days. He had twenty-eight down at one time, three of whom died. His houses and quarters stood on a public road; the neighbors were afraid to pass, and took many a circuit to avoid them. Neither Hall nor his wife had it, they having been vaccinated many years previous. I made no notes of the progress of cases here, as I was not in attendance, but am impressed with the belief that but few others escaped. I am not able to say whether previous vaccination afforded protection to the negroes. It is very rare to find an adult of either race who has not had kine pock. From their appearance after recovery, most of them were bad cases. The late James H. Watson and the writer were the only persons who visited this family, on several occasions to assist in burying the dead, as he had not well ones enough to do it.

Mr. Watson was now about 55 years of age—hale and active; had small-pox in the natural way when a child, according to family tradition, and the recollection of a brother ten years older. He was not pitted; he visited Hall's family with impunity, and said he had repeatedly been exposed to small-pox. He had never been vaccinated. In the latter part of December of this same year, he went to New Orleans, calling at Natchez, where he spent a day and night in the City Hotel. While in New Orleans, he boarded and slept on the packet, on which he went down and back. He was in the city several days, about the hotels and offices. Saw no small-pox and heard nothing said of it. He got home the last day of the year 1834, quite unwell; thought he had taken cold; was feverish, hoarse, sore throat and flushed face. Next day, 1st January, 1835, by appointment, many of his neighbors, ladies and gentlemen, with servants and children, dined with him. He was up until the party dispersed, and enjoyed the company, but was too unwell to partake of the refreshments common at that day. Next day he kept his bed. On the night of the 2d January I was called and found him with high fever, incessant vomiting,

dry tongue, face and eyes very red, and great epigastric tenderness. He was slightly delirious, and inclined to sleep in the intervals of vomiting. Among other things done, I bled him freely, and as he was quite ill, remained in the house. During the night his arm broke out and bled again, I suppose a quart before it was detected, much to his relief. In his restlessnes he had scattered the blood over his person, from head to foot, and soiled the bed so that it was necessary to change his clothes and remove him to another bed. He was undressed, and while washing his person, I noticed great redness of the abdomen and thighs, looking like the effect of mustard poultices. By morning, the points of an eruption were perceptible on those parts, and soon to be seen everywhere on the surface; on his face and hands the eruption was confluent. Being satisfied this gentleman had had all our exanthematious fevers, and having seen him repeatedly exposed to small-pox the previous summer, I could not bring myself to believe it was that disease. I asked a consultation, and during the day, the late Dr. John H. Savage, of Rodney, came out. From a history of the patient and case, he called it "*varioloid.*" The issue proved it a genuine case of variola, for he was well pitted. Where did he get it? No doubt it was a second attack. Could it have lain dormant in his system since the preceding August, when he waited on Hall's family? or is it not more likely he slept in an infected room and bed at the City Hotel, in Natchez, or on board the steamer North Alabama? All his family, white and black, had had kine pock. There were three other mild cases; and a fourth, a little daughter, four years old, who took fever on the first day of February, and died on the third with convulsions. No eruption appeared, but it was believed she had small-pox. Only one of the many persons in the house on the 1st January took it, a gentleman; he had it mild — about half a dozen pustules, and did not communicate to his own family. An elderly Methodist clergyman, called and spent an hour on the 2d January, in Mr. Watson's sick room. He went home, twenty miles east; took small pox; spread it in his family and among his neighbors, and several deaths occurred. It was many months before he found out where he got it, himself and the physicians thinking it originated with him; "And why not," said one of them to me next summer, "things must have a beginning."

I will remark, *en passant*, that the exanthemata were more prevalent in the Petit Gulf Hills from January, 1834, to March, 1835, than ever before or since, for the very good reason, doubtless, that many more susceptible

subjects were to be found, it having been many years since any of them prevailed; or was there an "epidemic constitution?"

January, 1846. I may as well begin this instance at the beginning, though the facts as they occurred were not known at the time.

In December, 1845, B. B. Ellis, of this county, made a flying visit to Kentucky. The boat he came down on had a case of small-pox aboard, a steward, but he was up and about and scaling off. Very little notice was taken of the fact by either the passengers or officers, and Mr. E. would perhaps never have thought of it again had not the results followed. Soon after Ellis got home, within a week, he had a chill, followed by fever, which lasted two or three days, barely confining him to his room. He had a physician; about the time the fever left, he had a pustule under the ala of the left nostril, which was mistaken for a fever blister. It was unusually long in getting well, and left a scar. He had two other slight pustules on his body, which left no scars. No suspicion of small pox existed in his mind, or that of his physician, and if things had gone no further, no one would have believed for a moment he had had small-pox. His physician saw him last a day or two before Christmas, and left for New Orleans. On the 4th of January, 1846, his daughter, three years old, was seized with violent fever. On the 5th, I was called in. Suspecting, from the symptoms, an exanthem, I made diligent inquiry, but was assured the child had not been off the place for months, and no one with disease had been at the house. During the sixth, she was much worse, vomiting bile, delirious, twitching of the muscles, and every indication of spasm. She became at times very palid. In the early part of the night an eruption appeared, which I called small-pox, to the astonishment and disgust of every body in the house. Mrs. E. took fever the evening of the 6th; had small pox and was badly pitted; so was the child. She had been vaccinated in childhood; her daughter had not. The mother was the worst case. Ten other cases occurred in this family; vaccination, as usual, was immediately put in requisition, and greatly modified the disease in many instances. Here, as at Mrs. Shaw's, eleven years before, I saw the two diseases run *pari passu* in the same subject. An old servant who said he had kine pock during Mr. Jefferson's day, in Virginia, fifty years before, had confluent small-pox, and recovered. An old Virginia negro, supposed about 70 years old, but who had never been vaccinated, had it mildly. In many cases here, I tried to obviate pitting by touching the pustules before the third day with nitrate of silver, by excluding light, by masks of oiled silk, etc., but without perceptible effect. On one negro man I applied

caustic to one hand and one side of the face, and covered with oiled silk after, leaving the opposite side untouched and exposed to the air. When he got out, I could see no difference in the parts thus treated and those left to nature.

I have nothing worthy of note to say in regard to the treatment. One good bleeding; one light aperient; small doses, one-tenth to one-twentieth grain tartar emetic, repeated in two or three hours; lemonade and demulcents till the eruption was well developed; after which most cases were left alone, and symptoms combatted as they appeared. Excepting the little daughter of Jas. H. Nelson, I have never lost a case, and have prescribed for over one hundred in twenty years. My management of measles is much the same—bleeding less frequently, and using a tea of wild spice wood (*benzain odoriferum*) as a vehicle for the almost homœopathic doses of tartarized antimony. These diseases being specific and self limited, I early found required little interference. I have always found nineteen or twenty cases mild in this region; the twentieth usually complicated.

I have given these instances of the clandestine introduction of small-pox in the country, and some apparently anomalous cases in individuals, not because they are either new or instructive, but because I fancy I can see some analogy in them to the way in which more serious epidemics are brought among us.

Cholera, as an epidemic, was never known on the continent of North America previous to June, 1832. We will suppose, for illustration, that all the inhabitants of this continent had been at that date as susceptible of cholera as were the Mexican Indians at the invasion of Fernando Cortez. Three and a half millions of these unsophisticated and unprotected savages, according to Spanish historians, were destroyed by small-pox in a few years. Who can entertain a doubt as to how they got it? Who, that has studied the history and progress of cholera in North America only, can for a moment doubt as to how it got here. Because its course is eratic, and its unexplained laws of propagation will not bend to the speculations and theories of book men, it is not to be ranked among the contagious or infectious, but is an "epidemic constitution," forsooth, as if that explained anything. I well recollect reading, at the time, a graphic history of its first advent into New Orleans, written by a Dr. McFarlane, an eye-witness. Suppose the unlucky individual who lay on the wharf, blue as a catfish, and writhing with cramps—the wonder of all passers by—had had small-pox or measles, and the population of the city been as susceptible of either as they soon proved to be of cholera, and the same mortality had followed in as short a time, the highest dignitaries

of the State, not having friends to give them decent sepulture — who, I say, in his sober senses, would have risked reputation by asserting the disease originated there at that particular juncture, the imported case being merely a coincidence.

The writer, then a pupil of Prof. J. N. McDowell, now of St. Louis, then of Cincinnati, saw the same circumstances occur in Cincinnati, in September, 1832. He has witnessed the like in this region in 1834, 1849 and 1850. Such facts have forced a conviction on my mind, that cholera is a contagious, infectious or self-propagating disease; that if people can't keep it from being introduced among them, their safety consists in keeping away from it. Fortunately for our race, in the present state of civilization and medical science, in the worst visitations of cholera, not even one-fourth of the population of any community are susceptible of it, and not more than one-tenth die of it. In a rural region people and things are not so much crowded as to obstruct observation.

I suppose the introduction of yellow fever on this continent cannot be so definitely traced. If an humble individual, whose observations have been made through the reports of others mostly, were entitled to an opinion, I would say yellow fever is of tropical origin; that, like other tropical productions, when transplanted out of its native latitudes, it ceases to be perennial; but, like some of them, cotton and sugar cane, for example, it will in favorable seasons, and under *Anglo-Saxon management,* make its greatest yield on its northern limits, and like those plants, is rapidly acclimating northward. It may be domiciliated in New Orleans, and spring up annually, like the bitter cocoa, for aught I can say. There is wickedness enough, and nastiness enough in that city to breed any human distemper, if what we read in her current newspapers is to be credited.

Gentlemen of the Faculty of Medicine of New Orleans city, you owe it to yourselves, you owe it to the public, who place confidence in you, who give you business, bread and character, to find out more of yellow fever. To talk of carrying it to us living so remote, looks like a simple absurdity. Eight or ten thousand persons dying of it in three or four months of 1853; at least half as many more cut off in the places communicating with you, and this season just passing away as bad as any, except the last. All the battles in the valley of Mexico did not destroy half as many lives.

If no better success attends the efforts to cure it, then, in the name of humanity, do something to keep clear of it. Entertaining the opinion that it is an inter-tropical disease, transmissible by persons and things, taking root in regions whose climates and soils assimilate the tropics several months of every year, my humble opinion is, that it may easily be

shut out. The experience at Natchez, so far the present season, affords good evidence of the fact; the experience of other places this and last season, is in evidence of the same. *Quarantine*, rigidly enforced months before the epidemic season sets in, for five, ten, perhaps twenty years, and yellow fever will be as rare in New Orleans as it has been for thirty years past in New York and Philadelphia.

Petit Gulf Hills, October, 1854.

Reflections

UPON THE SO-CALLED RADICAL CURE OF REDUCIBLE HERNIA.

By M. Schuppert, *M. D., of New Orleans.*

Messrs. Editors: A journal such as yours must certainly fall into the hands of some to whom have lacked many of those helps to a thorough medical education, so much to be coveted by every conscientious physician. You have assumed the task of advancing science, and your labors and your success will be gratifying to every medical man who does not regard his profession as simply one of many ways of making his livelihood. But to succeed in this high object, it is not sufficient to give to your readers, whether learned or unlearned, bare reports of cases and facts, new and old, leaving them to their own inferences; for this would be often to mislead them. Many cases and many facts must be compared together to arrive at safe conclusions in science, and Criticism is quite as much the province of a medical journal as is a report of matter which may be criticised. It is particularly necessary upon the introduction to the world of medical novelties, supported perhaps by great names; for in medicine, as in all other professions, "great men are not always wise," and theories are often taken up by them, on false or insufficient grounds, which lead to the most disastrous results.

The young surgeon has two besetting temptations; the one is to follow blindly in the track of his more distinguished brethren, and pronounce favorably for an operation, simply because it bears the approval of a great man; the other is a strong ambition to distinguish himself by an operation, an opportunity for the performance of which rarely occurs. For why should he not be a Dupuytren? These temptations often attract him from that tender regard he should have for his patients, and to operate

blindly or ambitiously, but at all events to operate, becomes a mania, which, as Hyrtl says, "little heeds how soon or how high the grass grows on the graves of its victims."

Concerning the so-called radical cure of reducible hernia, Jobert de Lamballe, the successor of the celebrated surgeon of the Hôtel Dieu, has lately made known a new method of operating, mention of which is made in No. XIV. of your journal. Inasmuch as herniæ of this variety are frequently cured radically by the application of a well adapted truss, it would be surprising if some one of the many operations advised did not at times succeed. The few cases of success which have been reported are not sufficient to establish the value of a method of operating, when facts teach us that most of the operations of this kind recorded have had for result either no benefit to the patient, or much injury.

Jobert's method of producing an adhesive inflammation and obliteration of the sac by means of an injection of a solution of iodine is only remarkable in this, that what is new in his method is not true, and what is true in his method is not new. It is to be hoped, that no one will be induced by the report of a few successful cases to adopt a method which history has long ago condemned; a method belonging to a period when surgery was yet in its infancy; a period when it was customary to operate on those herniæ which should have been left alone, (the reducible,) and to leave to nature those which required surgical aid, (the strangulated;) a period when the spectre of incarceration, ever before the eyes of the surgeon, led him to perform the most insane operations. Such faults as these may find some excuse, in the want of knowledge of the anatomy of hernia and the imperfection of bandages which existed at the time.

The importance of the subject in question is a sufficient warrant for drawing fully on history, in order to prove that the so-called radical cure of hernia is a satire, and that which promises the most very often accomplishes the least.

The principal methods of operating for hernia, in use among the ancients, were that by ligature, by actual cautery, by caustics and by suture.

Celsus, whose knowledge of the anatomy of hernia was very limited, in speaking in relation to the operation, mentions three teguments of the testicle, including the peritoneal sac with them. He operated only in inguinal hernia, and did not seem to have been particular as to what he cut away, his object being to make the wound as large as possible, in order that a cicatrix might be produced of sufficient extent to prevent a

recurrence of the disease. To further this, he did not spare the actual cautery, applying it liberally to the surface of the wound. His after treatment included the application of a pad to the part by means of a bandage. The precepts of Celsus were followed until the time of Leonidas Alexandrinus, in the sixteenth century. Anterior to this, it was thought that hernial protrusions could only take place after a laceration in the peritoneum. Galen added nothing to what was already known on this subject, and the only innovation made by Paul of Ægina was the removal of the testicle, if it chanced to interfere with his manipulations.

The utter disrepute of the operation for the radical cure, was finally consummated upon the rise of a class of quacks, called hernia cutters or sac cutters. Arnaud relates of one of them who operated in public, that he removed the whole sac, together with the testicle. The patient bled to death soon after the operation. Dionis, a decided opponent of the operations, tells of another who operated so frequently, that he fed his dogs on the testicles of his patients. This author maintained that castration was an infringement of the laws of God and man; that the operation for hernia, necessitating the loss of the testicle, could only be excusable in the case of a priest, who, as he never used those organs, would be thus freed from two sources of trouble; that is, the mental disturbances which they at times originate, and the physical defect of the hernia.

In the report of the Medical Society of Paris for the year 1799, it is stated that a number of young conscripts were deficient in one or both testicles, which they had lost by operations for the cure of hernia, performed on them by the popular surgeons of the day.

The rage for cutting was at that period so great, that the loss of the testicle was considered of no importance. This was sometimes removed in the beginning of the operation, to have it out of the way, but frequently became atrophied by the ligature applied to the hernial sac, which at the same time enclosed the spermatic chord.

Alexander Benedictus recommends this method of operating, which he had learned from a traveling Spaniard: It consisted in cutting down upon the sac and enclosing it together with the cord, in a ligature; a strip of horn was passed under the thread, and the pressure made upon it. The ligature was tightened from day to day, and the point of exit of the gut closed up. The constant loss of the testicle which attended this method was ultimately the cause of its being abandoned. Fabricus ab Aquapendente and Ambrose Paré modified it so as to exclude the sperma-

tic cord, giving to the operation the name of the king's ligature, for the reason that the virility of his majesty's subjects was preserved. Their method was as follows: A longitudinal incision was made, exposing the hernial sac, which being separated from its attachment, was opened, the contents returned, and its walls brought together as near to the external opening as possible, and maintained by suture; the lower portion of the sac was then cut off. Long subsequent to the above mentioned authors, Sharp followed the same plan, slightly modified: With a needle armed with a ligature, he transfixed the upper portion of the scrotum, avoiding the cord, then brought the two ends of the ligature together, tying them in such a manner as to embrace the neck of the sac and the skin as near to the abdominal ring as possible; no incision was made. Adhesion of the sac walls and obliteration followed.

Bonnet operated by bringing the walls of the sac in contact and retaining them in this position by means of the quill suture applied parallel to them.

But all these methods have fallen into disuse or merited oblivion, as they are far from producing the results expected of them by their authors. In fact there is nothing extraordinary in the re-occurrence of hernia after any of the above cited methods of operating. Nay, it is even to be expected, for the adhesions produced in the neck of the sac by the ligature or compression, are either broken up by or give way and are carried before the pressure of the intestine, inasmuch as the size of the inguinal opening has not been diminished.

Still more injurious than the system of operating by ligature, even if performed without opening the sac or injuring the cord, is that by the use of caustics. As far back as the time of Guy de Chauliac, injections into the sac of caustic substances, such as the hydrates of lime and potassa and arsenious acid were made use of to effect its obliteration. Others applied the caustic to the skin immediately over the inguinal ring in order that the contraction of the cicatrix thereby produced might prevent an escape of the intestines at that point. A secret remedy of this kind was purchased by George I. of England, from a quack named Littlejohn, at the price of five thousand pounds sterling. Maget applied the caustic immediately to the hernial sack, which was exposed for the purpose. Of three patients operated on by him in this manner, in the wards of *Bicêtre Hospital*, the first was in a condition so dangerous on the third day, that efforts at radical cure in this manner were relinquished. In the second patient, a chronic

inflammation and thickening of the spermatic cord ensued; and in the third, the hernial tumor was as large after complete cicatrization of the part as it had previously been. In three other cases, the results were still more unpromising; in the first, the caustic not only destroyed the hernial sac, but also the intestine, and although this patient recovered, with an artificial anus it is somewhat astonishing that he escaped so cheaply. The second, a soldier, died thirteen days after the application of the caustic, and the third, the celebrated Condaminé, died on the seventh day. Lawrence appropriately remarks of these cases, that such useless attempts are sufficient in themselves to excite our indignation, but how much greater should this be, when we learn that such a man as Condaminé was one of the victims of this shameful charlatanism.

Schreger attempted to produce adhesive inflammation in the following manner: After reducing the hernia, and laying bare the sac, he made an opening in its walls sufficiently large to admit of the introduction of a cylinder of charpie; or he simply punctured the sac, as in the operation for hydrocele, and injected the caustic fluid, taking care, by pressure over the inguinal ring, to prevent the entrance of the fluid into the abdominal cavity. During the after treatment, a moderate pressure was kept up by appropriate bandages to the ring and walls of the sac. Inasmuch as experience teaches that the first method but seldom prevents the exit of the intestine, and when it does, only for a limited time, it certainly cannot be called a radical method. On the other hand, the injection of an irritating or caustic fluid into the sac is a highly dangerous undertaking; for it is possible that the fluid may penetrate into the abdominal cavity and excite peritoneal inflammation, notwithstanding the most carefully exercised pressure at the ring. Fortunately, this system of operating (which Jobert de Lamballe has lately revived) has met with but few admirers.

The method of Belmat consisted in the introduction into the sac of a quantity of gold-beater skin, which was to excite an inflammation and consequent exudation of plastic lymph around it. This was to act as a sort of stopper at the external ring to prevent the exit of the intestine. So fanciful is this method, and so little does it give evidence of sound practical knowledge, that comment upon it is useless.

We will conclude this enumeration of the various methods which have been proposed and adopted for the radical cure of reducible hernia by mentioning that of Gerdy by invagination. This operation, which belongs to modern surgery, and which has been modified in many ways by Shue,

Sotteau, Guerin, Wutzer, and others, has had a fate no more fortunate than that of the many which have preceded it.

If we examine the cases reported in which this operation has been performed, we may place them under two heads: First, those which terminated in death; and second, those where no cure was effected. The patients either died of peritonitis, or, recovering after sloughing of the scrotum, were forced, after all, to return to the use of the truss which they had previously worn; so that Brechet observed of Gerdy's new method, that it was as unfortunate to the patient as to the honor of surgery. So much for the so-called radical methods of curing reducible hernia, of which, to say the least, it may be remarked, that they are anything but radical.

In conclusion, let us hear the sentence passed upon them by some of the Coryphei of the profession. Says Boyer: In these days when trusses and retentive apparatus of all kinds have arrived at such perfection that almost any hernia may be maintained reduced, all operations for a radical cure are proscribed, and he continues: "*En sorte que rien ne pourrait justifier la conduite d'un chirurgien qui pratiquerait quelqu' une de ces opérations dans l'intention de guerir une hernie radicalement.*"

Dupuytren was yet more opposed, both to the old and new methods of operating. Rust held the operation to be entirely objectionable, with the exception of some cases of irreducible hernia, in which he operated not with the hope of producing a radical cure, but simply of effecting reduction, that the patient might afterwards be able to avail himself of the advantage of a truss.

Petit was one of the most violent opponents of the operation, but acknowledged, that, deceived by others, he had unfortunately been induced to perform it. Kern, although he boasted of the happy results obtained by him, nevertheless limits the operation. Hesselback, the great anatomist, to whom we owe so much concerning the anatomy of hernia, says, in relation to the bold system pursued by Kern: He sets the life of his patient at hazard, only that he may afterwards wear a truss. He, as well as other defenders of the system, owe to the world proofs of the assertions he makes, that most of his patients were cured; for he says simply that he discharged them with the advice to wear a truss for sometime, but makes no mention of having convinced himself of the permanency of the cure by any prolonged observation. Concerning the creation of adhesive inflammation in the neck of the sac, Hesselbach says, with justice, that it is beyond the surgeon's power to limit the inflammation he may excite,

and that it may easily extend to the abdominal cavity and result in death.

Von Graefe, in consequence of the unfortunate result of the cases undertaken by him, became a determined enemy of the operation. Richter, Zang, Langenbeck, and Dieffenbach repudiated it entirely. The observations of the last mentioned author are confined to an enumeration of fatal cases, sloughing of the scrotum, and cures followed by relapses. Lawrence says: A man with strangulated hernia undergoes an operation because it is necessary for the preservation of his life, but he who has a reducible hernia and submits to the knife, sets his life at hazard for the removal of an inconvenience. Finally, let us hear the judgment of Malgaigne, a countryman of Jobert: "*Au total je regarderai toujours comme peu prudent de tenter une operation aussi hazardeuse, lors qu'on peut arriver au même but par la compression; méthode toujours innocente, trés souvent efficace chez les enfants et qui a mon avis le serait également chez les adultes si elle était convenablement appliquée.*"

The authorities on this subject would be incomplete if the names of Scarpa and Cooper, to whom it owes so much, were omitted. What do they say of the operation for the radical cure of hernia? *Not one word.*

Synopsis of M. Chas. Robin's Lecture,

ON THE ELEMENTS OF CANCER.

By G. S Vance, M. D.

In order to facilitate the proper description of these elements, M. Robin divides them into six general classes, such as free nuclei, the type, the caudated, the fusiform, the concentric cells, and the amorphous matter; giving of each, a full and detailed account, and then describing their union into one mass, forming what he terms the cancer tissue. It is highly important to become perfectly familiar with these various forms of the cells, for, although, in tumors of this kind, all may be seen, yet one or the other will always be found predominating, thus influencing the shape and consistence of the whole mass. In squirrhous growths, we find the caudated and fusiform cells, and in the encephaloid, the type cells and free nuclei; the latter often composing the whole tumor, mixed with but few of the other elements.

The *Nucleus* is round or oval, its outlines sharp and well defined, showing

it to have considerable thickness; in size it varies from fourteen one-thousandths to sixteen one-thousandths of a millimetre, these may be considered as the ordinary limits, but at times some may be seen as large as three one-hundredths, or only one one-hundredths of a millimetre. We see from this, that the diameter of even the smallest, is larger than that of the nuclei of normal cells; a fact which lends us material aid in forming our diagnosis. Water has no action upon them, and acetic acid pales but does not dissolve the substances of which they are composed. This behavior in the presence of reagents also comes to our help, for all other nuclei are made darker and their edges sharper by this acid. When studied with the ordinary microscope, by light reflected from a mirror underneath, they present a clear transparent and slightly blueish appearance. Within the nucleus is often seen a round bright body about two one-thousandths or three one-thousandths of a millimetre in size, having somewhat the color and other characters of a fat or oil globule. This is the nucleolus. Generally there is but one to each nucleus, but it is by no means rare to find two or even three together. In some tumors these nucleoli have been found as large as the five one-thousandths of a millimetre, and having within them molecules of considerable size, called by some authors secondary nucleoli. The nucleolus itself undergoes no change in the presence of acetic acid. This body is not found in all cancerous nuclei, but when it does exist, from its large size and other characters, it gives an appearance to that body at once peculiar and pathognomonic. Between the nucleolus and the circumference of the nucleus, a large number of granules may exist. The presence or absence of this body within the nucleus is not characteristic of any peculiar cancer. A tumor of any organ will at one time have the nucleus and its nucleoli fully developed; and at another, without apparent cause the latter body will be wanting.

This description of the nucleus is equally applicable to it when existing in the cell mass, or simply lying in the amorphous matter, being what is then called a free nucleus. In every point this pathological element differs from those of the healthy tissue, in size, in color, and in its reactions. Cancers composed of free nuclei with but few of the cells, are generally found in the testicle, liver, etc.

Type cell.—This body is from two one-hundredths to three one-hundredths, or even eight one-hundredths of a millimetre in size, but the first two numbers may be considered as the general limits. When we compare with these, the dimensions we have already given of the nucleus, we see that the relative size is much greater than is ever found elsewhere. Should we find a cell as large as the eight one-hundredths of a millimetre, this very

extravagance of development will itself at once prove it to be of cancerous origin. When perfect, the type cell is round with regular edges, etc.; but as it is generally found broken, either by us in preparing the specimen for examination, or by the softening of the tumor, we seldom see it as described. The forms we observe are, as it were, oscillations around this type form, retaining some of the characters, and wanting others. The cell mass, in the majority of cases, is solid, with the nuclei embedded in it. Sometimes, however, a cavity may really exist, and in which the nucleus is seen. Acetic acid has the same action upon the cell as described when speaking of the nucleus, making them paler but not dissolving. Within the cell, and occupying a position somewhat nearer the circumference than the centre is the nucleus with all the characters above given. Two or even more are often found in the same cell, and as this rarely happens in the epithelial or any of the other normal elements of the body, it forms another characteristic peculiar to this class. Immediately around the nucleus is often found a large quantity of granular amorphous matter the granules of which, are of a fatty nature, and may exist in such numbers as to completely hide it; but then, it is by no means difficult to distinguish the cells thus, filled, from these bodies, known as the *exsudation corpuscles.* It has already been explained (in *a former lecture*) that in general, when an anatomical element, normal or pathological is developed in the neighborhood of a tissue, this element, without losing the characters of its own kind, still has a tendency to assume a form somewhat approaching to that of the cells, near which it finds itself. This rule is applicable in this case. When a cancer is developed near the skin, its cells takes an appearance something similar to epithelium, although at the same time, readily distinguished from this latter. This fact may explain, or at least account for one form predominating over others in certain parts of the body. Without being aware of this tendency to assume the form of normal cells, we might find great difficulty in diagnosing a cancerous tumor of the liver or other organs where this disposition is most marked. But once known it is a new character added to those already mentioned by which we are able to distinguish this body from all others.

Caudated Cells.—These differ from those of the second variety, by having one or more prolongations proceeding from their edges. Formerly they were considered the only characteristic element of cancer; further experience, however, has proved this to be incorrect. In other respects

they fall under the general description of the type, cell and nucleus. The reactions are the same.

Fusiform Cell.—These somewhat resemble the fibro-plastic or elongated cell, being long and narrow, larger in the centre than at the extremities, which are more or less sharply pointed. The largest diameter of the cell being smaller than that of the contained nucleus, it naturally follows that at the point where the latter is found, there is considerable bulging and swelling of the walls. Where two nuclei exist in the same cell, they are placed with their long diameters in the same straight line. Reactions the same as in other varieties.

Concentric Cells are something like those of the same nature found in epithelial tumors. The cell-mass seems to surround the specific nucleus, and nucleolus in different layers, for which reason some authors have called them the "onion cells." The mass often has large cavities, as it were, dug out of its substance, either empty or containing molecular granules. Large grayish bodies about the seven one-thousandths of a millimetre in size may also be found. Acetic acid dissolves them. Where these cavities are very large, the proper nucleus of the cell will appear as if shoved to one side. M. Robin looks upon this as an "*alteration senile.*" In almost any preparation of cancer these may be found.

Amorphous Matter.—This is always in large quantity in the encephaloid tumors, and less in the squirrhous variety, and the peculiar appearance of the first is owing to it. The amorphous matter may be either hard or soft according to the nature of the cancer in which it is found. When the nuclei are of the free kind, they are embedded in this substance. Fibrous tissue always exists in the class of tumors we are now studying; in the squirrhous it forms a considerable proportion of the whole mass—the fibres interlacing with each other, forming large bundles; in the encephaloid or soft kind, fibrous tissue is seen, the quantity is smaller, the fibres thin and never uniting so as to form fasiculi. In exceptional cases the contrary may be seen. Lebert says that he has found medullary cancers, in which these fibres formed larger and dense bands, between which the specific cells were placed. Fatty and coloring matters are also found in these tumors. The latter are of two kinds; the ordinary pigment and a peculiar substance called xanthose (yellow) which Lebert considers as a peculiar kind of fat, and not as resulting from an alteration of the coloring matter of the blood. This substance is often found in cancers of the testi-

cle; it has however been met with in those of the breast and eye. Crystals of cholesterine are so often found mixed with the specific cells, that some authors regard them as one of the most constant elements.

Cancer tissue is formed by the union of the cells, and amorphous matter forming a mass or tumor. As all the specific cells may be found in each cancer, there is, in reality, no difference in the tissue of the squirrhous or medullary, or other varieties of this affection, except in the relative proportions which the elements bear to each other.

Squirrhous Tumors.—The amorphous, or as it were, the basis matter of this variety is hard—the cells are of the second or third class—the free nuclei are seldom found; fibrous tissue is in considerable quantity, forming fasculi, which cross the tumor in all directions, communicating with each other, by fibres sent off from each bundle. These fibres are less tortuous than those of the normal cellular tissue, seldom measuring more than the two one-thousandths of a millimetre in diameter. Mixed in with these the yellow elastic fibre may also be found, especially in cancer of the breast.

Encephaloid Tumors.—The free nuclei and type cells are most frequently met with in this class; the amorphous matter is soft; there is less fibrous matter, the fibres seldom uniting into bands, their diameters smaller, and outlines by no means distinct. Between the squirrhous and encephaloid tumors, with the characters just given; all the intermediate forms may be observed. It is therefore better if we be still desirous of using those terms, which as there is but one kind of cancer, is rather useless, to depend more upon the touch and the general appearance of the mass to the naked eye, than to microscopic examination.

Mixed Cancers.—These are nothing more than epithelial, fibro-plastic or other tumors in which there has been a deposit of the specific cells of cancer. There is no mixture, the deposit taking place in the pathological mass, as it would in the healthy tissue, by substitution. In a cancer of the breast, for instance, none of the normal cells or fibres of the gland are ever found combined with those of the specific kind. The latter take the place of the former, and by pressure cause their absorption. This mode of development is peculiar to malignant growths.

Melanotic Cancers.—This is merely an accidental deposit of pigment in tumors of this class. It may, however, be laid down as a general law, that

although, the pigment may be deposited in masses characterized by any of the cells above described, yet in all cases of such deposit, specific cells of cancer may be found.

Fungus Hæmatodes.—These are cancers in which there is an exaggerated development of the capillary vessels, together with an increased proportion of softened amorphous matter. This fungoid appearance is not always characteristic of cancer, for it is often seen in fibro-plastic or other kinds of tumors.

Blood Vessels.—In general there are fewer vessels found in the hard than in the soft kinds of cancer. The vessels are injected with much difficulty, in the encephaloid tumors, for as they are not supported by the surrounding tissue, the slightest force is sufficient to rupture them. The veins are also frequently filled by coagula, preventing the entrance of the coloring matter. But yet it is now acknowledged by nearly all anatomists, that veins, arteries and capillaries are found in all cancerous collections.

Suc Cancereux, or cancerous juice. When an incision is made into a squirrhous or encephaloid tumor so as to obtain a fresh surface, and the mass is then pressed between the fingers, a milky fluid oozes out upon this surface; this is the cancerous juice. To the naked eye the liquid seems of a yellowish white, is rather thick, but mixes perfectly with water. When a little is placed between two glasses and put under the microscope, using a power of at least five hundred diameters, the different cells and elements we have been describing will be distinctly seen.

Ovariotomy Successfully Performed,

BY DR. JOHN CRAIG, OF STANFORD, KENTUCKY.

Reported by Dr. T. F. Craig.

Mrs. H., ætat 26, a native of Kentucky, menstruated in her fifteenth year, married at twenty, gave birth to her first and only child six years later. From her eighth to her tenth year had been afflicted with otorrhœa and enlarged cervical glands; at sixteen caught a bad cold, which resulted in suppression of the menses. This lasted ten months, when her health improved, although menstruation never became regular again. When first seen by Dr. Craig, (April 8th, 1854,) she had been, since her confinement. under the care of Dr. Pierce, of Lancaster, Ky., a period of ten months,

This gentleman pronounced the case to be one of ovarian tumor. At the period of Dr. Pierce's first visit, shortly after her confinement, the outline of the tumor was indistinctly defined, on account of the coexistence of ascites. This was, however, readily removed by treatment, and the tumor, firm, irregular and very moveable, found lying in the left iliac region. The patient complained of a dull aching pain in the region of the tumor, at the time of her first menstruation following her confinement, (her child lived but a short time,) and this continued up to the time of the operation. Effusion into the peritoneal cavity occurred two or three times, in the period between her accouchement and the removal of the tumor. This, however, disappeared readily under appropriate treatment. Previous to the confinement of the patient, no suspicion of the existence of the tumor had been entertained, but she was remarkably large, and was thought by her friends to be pregnant with twins.

At the time of Dr. Craig's first visit, there existed a considerable effusion into the abdominal cavity, and the tumor could be only indistinctly defined. She was put upon the use of acet. of potassa, which, by the next visit, (April 13,) had caused the effusion to disappear.

The tumor felt to the hand firm, irregular and slightly moveable. It extended from the pubis to the epigastrium, filling up the left side, and a portion of the right. Adherent ovarian tumor was the diagnosis made.

The patient was informed of the nature of her disease and of the necessity of an operation for its cure, the dangers of which, as well as that of allowing the tumor to remain being explained to her, she decided to undergo the operation.

A consultation was held on the 17th, at which time the patient seemed very desirous of having the operation performed. This was accordingly fixed for the 22d.

On this day, at 12 o'clock, M., Drs. Pierce, Cook, Jackson and myself being present, the patient was placed upon the table. I was entrusted with the administration of the sulph. ether. Her pulse was slow and feeble, her skin cool and moist, and she seemed quite composed, the circumstances being considered. The full influence of the anæsthetic was obtained in a few minutes, and the operation was begun by Dr. Craig, Drs. Cook and Pierce assisting. An explorative incision was made three inches long, between the pubis and umbilicus; after carefully dissecting down to the peritoneum, this was opened, giving exit to about twenty ounces of serum, and leaving exposed the firm, irregular silvery looking tumor. The exploring finger could now detect adhesion of the tumor to

the peritoneum in the left lumbar region; no other being found after a careful examination, it was decided to extend the incision to the pubis and umbilicus. At this time about a pint of serum again escaped.

A large trochar was passed into one of the sacs of the tumor, but the contents were so thick that none passed through the canula. The incision in the abdomen was then enlarged, being made to extend to the pit of the stomach. The omentum was found extensively adherent to the superior surface of the tumor, and it was necessary to dissect it carefully loose. One-half of the tumor now protruded through the opening, and being large and unwieldly, three of its largest sacs were opened, and their contents avacuated. The mass was then raised from its bed, when it was found to be adherent to about fifteen inches of the small intestine; this was dissected loose, and the tumor turned out through the incision, but left attached by its pedicle, which consisted of the left broad ligament, and the falopian tube.

At this juncture, the patient's pulse failed; her face assumed a death like aspect, and she gasped as if expiring. By the prompt application of stimulants and excitants, she was restored. Her dangerous symptoms were attributed to the removal of the pressure caused by the tumor, and the substitution of chloroform for the ether.

The tumor was now raised by Dr. Craig sufficiently to allow Dr. Pierce to pass a needle armed with a double ligature through the base of the pedicle; the threads were separated near the needle, tightly secured on each side of the pedicle, and the tumor removed. The ends of the ligatures were secured in the lower angle of the incision. No bleeding vessels were found on an examination, and the edges of the wound were brought together and maintained by means of the interupted suture and adhesive plaster. Cold water dressings were applied, and a bandage placed round the abdomen, the patient put to bed, and forty drops of laudanum administered.

The time occupied by the operation was forty minutes. The intestines caused no trouble during the operation, lying quietly in the position in which they were found when the abdomen was laid open. Two hours after the operation, the pulse was one hundred and eight and feeble; the surface cool, and a sensation of sinking experienced. Warm gruel, with one-fourth grain sulph. morphine was prescribed. Six hours after the patient was more comfortable; morphine repeated. In ten hours pulse the same; tendency to sleep.

On the 23d, at 8 o'clock, A. M., patient comfortable; had several refreshing naps through the night; urine drawn off before day; pulse one hundred and twenty-eight; some appetite; slight hemorrhage from wound; dressings allowed to remain. At 12 o'clock, M., pulse one hundred and thirty-five; urine has been drawn off twice; abdomen tympanitic; has taken one-fourth grain sulph. morphia every six hours. At 6, P. M., pulse one hundred and forty; abdomen still tympanitic; no pain; tongue coated and brown; slight nausea; prescribed light diet; continued morphia.

On the 24th, at 12 o'clock, M., pulse one hundred; no thirst or nausea; tongue beginning to clean; considerable appetite; slept well during the night; feels much better; dressings removed; wound healthy; adhesion progressing. From this time forward no unfavorable symptoms occurred.

On the 26th, one-half of the sutures were removed, and adhesive strips substituted. On the 27th, the remaining sutures taken out, and the wound dressed with adhesive plaster and lint. She continued to improve rapidly, and on the fifth week one of the ligatures applied to the pedicle came away, and was soon followed by the other. Seven weeks after the operation she visited her friends on horseback, and remarked that her health had not been better for a long time. At present, four months after the operation, she is fleshy and appears to enjoy perfect health.

The tumor weighed eleven and three-fourth pounds after its fluid contents were discharged. It was what is called multilocular, and consisted of five large cysts and numerous smaller ones. It appears to have commenced in the left ovary, and one section presented numerous fibrous septa, with a highly injected glandular looking substance intervening. The largest cyst appears to have commenced immediately beneath the proper covering of the ovary. The contained fluid was viscid and had floating in it large masses of fat. On microscopic examination, quantities of oil globules were found together, with simple isolated cells filled with granules, and large plates of cholesterine crystals. The tumor contained but little blood.

There are several points of interest in this case: 1st. It could not have been relieved by tapping. 2d. The rapid recovery of the patient, notwithstanding the adhesions. 3d. The frequent effusions of serum into the peritoneal sac, resulting from the inflammation of this membrane. It may also be interesting to state that the patient has menstruated regularly for the last three months.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. XVI.

Prognosis of Secondary Syphilis.—The general prognosis of secondary syphilis should be exceedingly reserved and guarded, inasmuch as the practitioner can hardly ever calculate upon a complete and lasting cure. The symptoms disappear, but relapse is a common rule; so frequent is it in syphilis, that it may be fairly questioned whether the syphilitic diathesis, if once established, can ever be afterwards completely eradicated. No doubt it would be more gratifying both to the medical man and his patient if the former could promise a radical cure by means of the therapeutic agents he employs, but to indulge in such deception is dangerous to the patient, for it lulls him into an unsafe confidence, and then again it is derogatory to the dignity of our science. When I dismiss my patients, I always tell them that they stand under the influence of a syphilitic diathesis, and I recommend them to apply to a medical man immediately they perceive any symptoms of an approaching attack. I am firmly convinced that neither the duration of treatment nor its early application will protect from the diathesis; for I have seen patients, who, after an anti-syphilitic treatment have remained perfectly well for ten, twenty, thirty, aye, even forty years, when, after that lapse of time, they experienced attacks of an unmistakable nature.

Scrofula, phthisis, scurvey, broken down constitutions, chlorosis, are one and all very untoward complications; they are in fact additional enemies, which the medication must combat. As to the hygienic circumstances, you will of course understand at once that cold weather, dampness sudden variations of temperature, excesses, debauchery, etc., render the prognosis very unfavorable.

I would direct your attention to the fact that the earlier manifestations are always less serious than the subsequent ones; and that the further we proceed along the links of secondary accidents, the more serious the prognosis becomes. But still when the tertiary symptoms come on they need not be looked upon with great anxiety, except where no means have been used to arrest them. Iodide of potassium is all powerful in controlling

these affections, and in a very short time too. The particular seat of syphilitic manifestations may add somewhat to the gravity of the case, particularly as refers to the tertiary forms, and it often happens that they leave after them indelible marks and great deformity. Important functions may be either altered or entirely abolished by the destruction of certain organs; thus patients may became afflicted with deafness, dysphonia, aphonia, difficulty of deglutition, pronunciation, etc.

The prognosis varies with the age of the patient; it is in general very serious with young children hereditarily affected, and likewise with pregnant women. I need not insist any longer upon the prognosis of secondary symptoms; you see that they are powerfully influenced by a great variety of circumstances.

Treatment.—The severity of the prognosis of secondary syphilis being demonstrated, the importance then of early treatment for the primary sore is at once apparent, and the *abortive* treatment is that which should be employed. Let preventions of secondary symptoms be the rule, as we never can be absolutely certain that we have destroyed the syphilitic diathesis when once established. As I have stated already in a preceding lecture, I have not yet met with a single case where the chancre had been destroyed in the first five days of its existence, (counting always from the exposure to contagion,) in which constitutional syphilis occurred.

Mercury has been recommended and vaunted as a prophylactic agent, and men, such as Portal, Harrison and John Hunter, have given credence to this. Portal went even so far as to prescribe a dose of the *liquor Vanswieteni* every morning for *present*, *past* and *future* attacks of syphilis. These writers were led into error no doubt from their ignorance of the fact that the great majority of chancres do not infect the system. They administered mercury in all cases of chancre, and finding that the majority were not followed by secondary syphilis, they naturally concluded that their therapeutic agent acted as a prophylactic.

To give you a detailed account of the different modes of treatment which have been used in secondary syphilis, would be giving you a history of all the therapeutic agents in the Materia Medica; each have had their day of credit and disrepute, but mercury alone has stood the test of time and experience. This valuable medicine has been almost unanimously proclaimed a specific in this affection, and deservedly so too.

Mercury has been used from time immemorial. The Arabs made use of it in cutaneous diseases, which, though not called syphilitic, must have been

specific affections. Since 1497, however, it has become in general use, and from that time it has had its partisans and detractors. We must say, however, that never was the use of medicine more shamefully abused than this valuable remedy in the hands of quacks and ignorant men.

Mercury, so favorable in the treatment of indurated chancre, so powerful in the treatment of secondary symptoms of syphilis, becomes inert when administered in blennorrhagia or clap, and loses its efficacy when it does not do harm in tertiary syphilis. This is what an unbiassed experience teaches all those whose minds are open to conviction.

These facts are fundamental and stand good in spite of the contrary opinion of that giant in mind, John Hunter, who maintained that blennorrhagia and chancres were more difficult to master by this agent than secondary syphilis. As for blennorrhagia, we have already said and satisfactorily proven, I think, that it had nothing in common with syphilis. As for that which relates to the treatment of chancre and secondary syphilis, is it truly possible, when we know all the mischief which this last can do, to admit as a general rule that its cure is more certain and more easily affected than that of chancre? If it sometimes happens that secondary symptoms disappear sooner than certain chancres, there are, on the other hand, a host of chancres which are far more rapidly and easily cured than certain attacks of constitutional syphilis, which will sometimes baffle our best directed efforts. In the treatment of syphilis, there are two things to be considered: 1st. The cure of existing symptoms. 2d. The destruction of the diathesis, or at least the total neutralization of the disposition which certain tissues and organs have acquired, disposition which later may give rise to new symptoms. In spite of all prejudice, in spite of all the superannuated ideas which certain men have in vain endeavored to oppose to progress, when it shall be laid down as a fundamental law, that the primary symptom of syphilis, chancre, is a local affection in the onset, which always requires a certain lapse of time before it can infect the system, and which should invariably be destroyed before it has had time to produce constitutional symptoms, its cure will always be more rapid and certain than all the other forms of syphilis.

At the present day, experience has shown that most chancres are cured without mercury, and that there are constitutional symptoms which may disappear without any medication and are even cured without mercury. These facts established, we should endeavor to vary our treatment according to circumstances, and if there exist complications they must be attacked according to their importance without any special reference to the specific

disease. If mercury be indicated by the principal symptoms, and not contra-indicated by the complications, it must be administered. But in a disease so complex as syphilis, we should be very careful, lest we should be possessed by one sole idea — the administration of mercury. Mercury, up to this day, has undoubtedly been the most powerful agent used in syphilis, but you should bear in mind that it is not the only remedy which should be employed.

If the use of this valuable mineral be in many cases indispensable, there are cases in which we can dispense with it, others in which we should abstain from its use, and more numerous circumstances still in which it only constitutes one element, among the many remedies which it is necessary to employ in order to obtain a perfect cure.

In the administration of mercury, a choice of its numerous preparation is of some consequence, for it may happen that one individual may be refractory to the action of one preparation of mercury, while he may be strongly influenced by an other, and only obtains relief from that preparation which is best adapted to his constitution. For instance, the skin in all persons is not equally susceptible to the action of the different mercurial ointments. I have seen patients in this hospital who were easily influenced by an application of the *emplastrum vigo cum mercurio*, who had resisted for many days the action of the *unguentum hydrargyri fortius*, used in frictions over the surface of the body. The same rule applies to mercury applied internally; one preparation remains inert in some cases, produces bad effects in others, and it is only by adapting certain preparations to particular cases that we may arrive at good results. The rules which an experience of twenty years has taught me to be the best for the administration of mercury in syphilis, are the following:

1. To administer mercury internally whenever the state of the digestive system will permit it.

2. To use it endermically when contra-indicated internally.

3. To alternate between the skin and mucous membranes, when neither will bear its too prolonged use.

4. To use it in the form of fumigations, if it be inadmissible by the skin or mucous membranes of the intestines.

5. The good or bad effects of mercury never fail to show themselves within eight days after its administration; therefore, when no favorable results have been obtained, (if there be no contra-indications,) the dose should be gradually increased every week.

6. When an amelioration in the symptoms has been obtained, the dose

which produced it should be continued, and only increased when the symptoms remain stationary.

7. If mercury produce any bad effects, we must modify its use or discontinue it altogether; for we may say, on the grounds of incontestable experience, that whenever this pathogenic action of the mineral is produced, it invariably aggravates the symptoms for which it was administered.

8. When the bad symptoms produced by mercury have ceased, and the syphilitic symptoms persist, we should take up again the mineral, modifying its administration as may be indicated by the peculiar circumstances of the case.

9. The same bad effects are not always reproduced in using the remedy a second time, particularly if we have modified or suspended it with discretion.

Some authors have endeavored to show that a certain and invariable quantity of mercury was required to cure a given syphilitic symptom, others that the quantities of mercury should be proportionate to the violence of the symptoms. These rules have the great fault of being too absolute, and therefore cannot be adhered to with any safety to the patient.

In the first place, no man can determine before hand how much mercury it requires to cure a given symptom, and secondly, the affection may owe its violence to different causes or complications, which should be combatted according to their nature.

In the administration of mercury, we must bear in mind that its good effects are always best marked when we can give large doses in a short space of time. In order to obtain this end, we must endeavor to measure the relative tolerance of each patient according to the rules laid down, and be guided in the selection of the proper dose only by the good effects it produces on the symptoms which we have to combat; doses which will allow the symptoms to remain in *statu quo* are not sufficient, whilst those which produce the specific effects, are too large.

Mercury has been used in the treatment of syphilis in its various forms. It has been extensively employed in its crude state, but its good effects are never so rapid or so certain as other preparations.

The oxides of mercury have been in pretty general use, and particularly the red precipitate which I have always found an excellent application in stimulating indolent secondary ulcers.

The sulphuret of mercury, in the form of fumigations, has rendered some service, particularly when administered in the squammous varieties of secondary eruptions. I have already spoken in a former lecture of the

manner of administering these mercurial vapor baths, a cautious use of which medication I would earnestly recommend to you, for it has a tendency to produce injurious effects on the nervous system.

The proto-chloride of mercury or calomel, which probably has been the preparation of mercury most used, offers the great objection of purging too freely, and of salivating too rapidly. It makes, however, a good topical application to *plaques muqueuses*, which should always be washed in chloride of soda and water previous to their being sprinkled with the proto-chloride. The white precepitate or ammoniated mercury in the form of ointment, is an excellent local application in indurated chancre.

The bi-chloride of mercury or corrosive sublimate is a very active preparation, and is generally used either in solution or pills. A solution very generally used is that of Vanswieten, which consists of: corrosive sublimate one grain; alcohol two ounces; water fourteen ounces. Of this, from one to five tablespoonfuls may be given daily.

This preparation I use in preference to all others, when the proto-iodide does not agree with my patient. The once far-famed pills of Dupuytren, of which *one hundred and ten* cured every and any case of syphilis, were composed of corrosive sublimate and opium. I have used the bi-chloride with great success in the form of baths or topical applications. For one full bath I usually order from half an ounce to one ounce, with a sufficient quantity of alcohol to dissolve it. In indolent ulcers of the throat it acts well as a gargle, containing from four to five grains in a six ounce mixture. Thus administered, it has the serious disadvantage of turning the teeth black. This inconvenience can always be avoided by touching the ulcers with the solution.

The cyanuret, lactate and deuto lactate of mercury I have used, and abandoned them as possessing no real advantages over the other preparations. Two preparations of mercury which have been very much used since *Biett* first introduced them in the pharmacopœa are the *proto* and *bi-iodides*. The latter I regard as being too irritating and caustic. The first I use almost exclusively. To this preparation I give my preference, because it generally agrees well with the patient, because it is less irritating than corrosive sublimate, and because it purges and salivates less than calomel. It will, however, cause a little griping; this I obviate very easily by combining it with opium and lactucarium. I usually prescribe it in pills prepared after the following formula:

℞—Hydrargyri Proto Iodidi, } *aa.* 3i.
Extracti Lactucarii, }
Extracti Opii, grs. xv.
Conserve Rosarum, q. s. ut ft. pil. No. lx.

Of these pills I order *one* to be taken every night, and when an increase in the doses becomes necessary, I order one *morning* and *night*, and thus gradually increase the doses every week, according to the circumstances of the case.

In combination with mercury, I use with great benefit bitter infusions, such as hops, gentian, cinchona or snake root. These have the property of giving tone to the system. One of the effects of the syphilitic virus on the blood being to deprive this fluid of its globules, thereby producing the most inveterate cases of anæmia, I cannot too strongly urge upon you the necessity of employing the preparations of iron in connection with the mercurials.

Among the many plans of treatment of syphilis, I will speak of that by the preparations of gold and silver, which have been strongly recommended by Carmichael and Christéen, of Montpellier. Innumerable cases of blennorrhagia (clap), of epidydimitis, and epithelial vegetations have been given in corroboration of the curative properties of these agents in syphilis Such observations we must take for what they are worth. The only advantages I have ever derived from the preparations of gold and silver, was when they were administered *by* my patients to their phyisican.

The mode of treatment by diaphoretics, detergents, etc., which have enjoyed, (in the eyes of the public,) specific and divine properties, I have found to be of service only when administered to the imagination, or in other words when we wish to do nothing, and are compelled to act to satisfy our patient.

Different empirical preparations, such as the decoctions of Litzman and Feltz, have enjoyed a certain reputation in cutaneous syphilitic diseases, and justly so too, for when analyzed they were found to contain mercury and arsenious acid.

Whichever theory is adopted for the explanation of the curative action of mercury, and there are many, it is proved, on the grounds of incontestable experience, that the cure of syphilis is never obtained either by an exaggerated production of the bad effects of mercury, such as fever, alvine evacuations, irritations of the skin or ptyalism. The method of using mercury, as I employ it, which can be termed *méthode par extinction*, is in every way preferable to the system which consists in producing ptyalism.

Ptyalism being one of the frequent consequences of the administration of mercury, it becomes necessary that I should say something of its prophylactic and curative means.

Mercurial salivation is excessively rare before first dentitition; mercury at that period of life acts principally on the digestive organs. Women with delicate constitutions, persons with lymphatic temperaments, or scorbutic tendencies, all those in fine in whose blood the plastic matter is wanting, are singularly predisposed to mercurial ptyalism. Constipated bowels, bad state of the mouth, such as unclean and carious teeth, sudden changes of temperature, also favor the development of mercurial salivation. The soluble preparations of mercury produce it less rapidly than the insoluble. The quantity of mercury necessary to salivate, varies with different patients.

When ptyalism happens, it always comes on during the first week of the administration of mercury, it may show itself after forty-eight hours, but it generally supervenes on the fifth day. It is always in the beginning of a mercurial course that patients are most liable to it, and it is never to be feared after eight days have elapsed from the cessation of its use. In mercurial stomatitis, the salivary glands are never primarily affected; pathological anatomy having positively proven that they were only affected by sympathy. The increase of the salivary flow may be the first symptom which strikes the physician, and even the patient, but you may rest assured that the material and first affection lies in the mucous membrane of the mouth. This last becomes tumefied, and the tumefaction seems to partake both of the nature of erysipelas and œdema. The patient first experiences an uneasy sensation in the mouth, consisting in an acrid heat and metallic taste; the teeth feel as if they were driven out of their sockets, or as if they had been lengthened; the tongue becomes enlarged, and sometimes so much so that it presses against the teeth, which leave on it their impressions; the cheeks and lips also become swollen and painful. As these symptoms increase in intensity, the flow of saliva becomes greater, more viscid, and carries with it that peculiar metallic fœtor, so characteristic, and which the breath of the patient will always reveal even before salivation has occurred.

Wherever the tumefied mucous membrane is subject to any pressure, it becomes rapidly covered with a greyish pseudo-membranous exudation, which is soon succeeded by ulcerations which bleed with facility, and which seems to be the result of the combined influences of diptheritic inflammation and gangrene. The disease may go on progressing with such rapidity and violence that the tongue becomes sphacelated; the mucous membranes of the cheeks and gums fall by gangrene, so that by the effects of after

cicatrization the mouth is closed; fistulous orifices are established in the cheeks, the teeth drop, and the maxillary bones themselves are struck with necrosis and caries.

Generally in mercurial stomatitis the inferior gums first become affected, and that part of the mucous membranes around the wisdom teeth; then the superior gums inflame, and mostly that part of them situated behind the middle incisors; the tongue, lips and cheeks are affected later; the *velum palati* and *the isthmus* of the fauces seem to be natural limits to the progress of the disease. An observation which I have often made, and which I only suggest in order that it may be verified, is that partial mercurial stomatitis generally begins on that side of the head on which the patient habitually lies.

Mercurial stomatitis scarcely ever begins with fever, but in its severer forms this becomes quite a serious complication, especially whenever it assumes the hectic form.

The progress of ptyalism is onward, and it reaches in a very few days its greatest intensity; but if the cause be not removed, and especially if there be a scorbutic tendency in the patient, it may assume a chronic form, and last a length of time which we cannot always limit. In ordinary cases, however, when a proper treatment has been followed, it never lasts over a couple of weeks, and it may be stopped in a few days. Mercurial ptyalism terminates most often by resolution; ulcerations and gangrene may supervene. Death, which may be caused by the extent of mortification by the exhaustion of the patient by suppuration and hectic fever, by the impossibility of nourishing him, is fortunately excessively rare in these days of advanced science.

The diagnosis of mercurial stomatitis is always easy. It may be sometimes confounded with certain syphilitic symptoms commonly developed in the mouth, but if we bear in mind that syphilitic manifestations are always well circumscribed, possessing always a peculiar aspect, that their progress is never so rapid, their form always more chronic, and their usual seat distinct from the lesions of mercurial stomatitis, we will always arrive at a rational diagnosis. In cases of ordinary stomatitis, the distinction, although not so easy, is of no importance, for the nature of the affection at once precludes the use of mercury.

The treatment of mercurial stomatitis should always be prophylactic; to dissipate the causes which may favor it, if it be possible, to diminish the doses which seem to produce it, to continue them properly or suspend them

entirely, if necessary, are the first duties of the surgeon. A perfect state of cleanliness of the mouth, the use of astringent gargles, and the keeping of the bowels free, are proper means of preventing, or at least retarding it. But when the disease has fairly set in, the best treatment, one which can be applied at any stage, and which never fails, consists in touching the affected parts with pure hydrochloric acid. This can be done by means of a camel's hair pencil.

If there be no ulcerations, such applications are not painful, and if there be excoriations, the pain, though severe after each application, soon vanishes, and so great is the relief obtained that the patients themselves never fail to ask for renewed applications. If the surfaces be not ulcerated we should use astringent gargles, while in the opposite case acidulated mouth washes are preferable. Sulphuric or nitric acid lemonades are very good drinks. In fulfilling these first indications, we must not neglect other means, such as revulsions to the extremities and intestinal tube; leeches can be used if local depletion be necessary; general blood-letting in case of much reaction; sedatives and opiates to quiet the excited nervous system and procure sleep; diet in accordance with the local and general disorders.

I do not wish to detail here all the bad effects which have been attributed to mercury, but I will only say that its effects on the skin in producing all sorts of diseases are very rare. As for hemorrhages, which it has been accused of causing, by destroying the plasticity of the blood, I have seen but one case. Mercury may affect the nervous system, injuriously, I will admit, but never when administered in a wise and systematic manner. In all of my practice, among the many thousand patients who have been under my treatment, I have never met but one case of mercurial tremor, and this was one of the nurses of my hospital, whose duty it was to administer mercurial fumigations. Mercury has been said to cause abortion. I maintain the contrary opinion, that it may prevent abortions when threatened by syphilis. As to mercurial cachexia, the now wise and systematic use of mercury renders it every day less frequent. I have never seen a single one of my patients affected with it.

One of the doctrines which has most seriously harmed the mercurial treatment of syphilis, is that which maintains that the older and the more deep seated the syphilitic manifestations, the more mercury should be used. On this point I will only recall here what I have already said, that all good and unbiassed observers are of the opinion that if mercury be the

most potent and valuable remedy in secondary syphilis, that its energy and potency diminish, if not disappear, in the treatment of tertiary or deep seated symptoms. In this order of phenomena, where syphilis seems to have received a profound modification, if not a complete transformation, there are other therapeutic agents better adapted, which should always have the preference over mercury.

[*To be continued in following numbers.*]

Excerpta.

Encephaloid Tumor of the Face—Simultaneous Enterpation of the Superior Maxillary Bone and Right Eye—Cure—*Communicated to the Académie de Médicine, by M. Maisonneuve.*—M. Maisonneuve, surgeon to the Hospital Cochin, presented to the Academy a patient upon whom he had practiced the above operation on the 27th of last July. The following are the details:

Vincent Zachniewitz, aged 46 years, a Pole, perceived some ten years since a slight tumefaction, situated near the inferior border of the right orbit. This tumor remained stationary for several years, but about the beginning of 1850, its progress becoming more marked he consulted several physicians, and by their advice, submitted himself to a methodical treatment by the preparations of iron, cicuta, arsenic and sulphur waters. In spite of this treatment the disease progressed.

In 1853, the face became much tumefied, a deep ulceration took place, accompanied with pains of a lancinating character. It was about this time that the patient went to Montpellier, where for several months he was under the treatment of M. M. Aquié and Bouisson, but received no benefit. Discouraged by the results of medical treatment, he determined to resort to surgery, and came to Paris. He first entered the Hospital des Cliniques de la Faculté, where he remained fifteen days, and where, notwithstanding his desire, it was not thought proper to perform an operation, which seemed to be impossible. With these anteeedents, he at length sought the advice of M. Maisonneuve. The right side of the face was the seat of an enormous tumefaction, produced by a fungus degeneration of the whole of the superior maxillary bone, of the soft parts, of the orbit, of the superior palpebra, and right side of the nose. The centre of the tumor was the seat of a large ulceration, which discharged a quantity of fetid ichorous pus. The patient at this time suffered intolerable pains which prevented him from enjoying a moment's repose. Left alone this man was inevitably doomed to death, the resources of medicine had failed completely. The only hope then was in an operation, but this operation—was it possible? Many illustrious surgeons of Paris and Montpellier had pronounced the operation impracticable, and had refused to perform it even in cases less advanced than the one in question. Notwithstanding these imposing authorities, M. Maisonneuve, considering that the degeneration did not affect any organ essential to life, that the glands were intact, and that nothing denoted the existance of cancerous cachexia, thought that by means of an operation there remained a hope to save the unfortunate sufferer, and did not think it proper to deprive him of this last resource.

The operation was performed on the 27th of July, at the Maison de Santé of the Brothers of Saint-Jean-de-Dieu. The patient being laid on a bed and sub-

mitted to the influence of chloroform, M. Maisonneuve made an incision which, commencing on the right side of the nose terminated at the free border of the superior lip. A second incision, oblique, and beginning at the external commissure of the palpebræ surrounded the external border of the ulceration of the cheek and joined the first, on a level with the alæ nasi. By these and a rapid dissection, the surgeon raised up a flap formed partly by the cheek and lip, and in such a manner as to expose the whole of the anterior portion of the tumor. A chain saw was then passed in at the spheno-maxillary fissure and brought out, under the zygomatic arch, the bones comprised in the concavity of the saw being divided. Afterwards with Liston's forceps the palatine arch and the ascending apophysis of the superior maxillary were successively divided. Finally, after having detached by a stroke of the bistoury the velum palati from its osseous adherences, he everted the tumor, and by means of a few strokes of the scissors, completed its extirpation. This part of the operation being performed, M. Maisonneuve proceeded immediately to the extirpation of the eye, and the destruction of all the diseased tissues enclosed within the orbit or the anfractuosities of the nasal fossæ and frontal sinuses. This last portion of the operation required the energetic use of the actual cautery. As soon as it had been well demonstrated that no more diseased tissue existed upon the surface of the excavation, the operator brought the lips of the wound together as near as possible by means of *serre-fines* and the twisted suture. There however remained in the centre of the cheek a vacant space of considerable size, which M. Maisonneuve did not think it well to cover by any autoplastic operation, in as much as it would prevent an observation of the process of cicatrization in the deep parts. This serious operation was followed by no bad results; from the fourth day cicatrization of those parts which had been brought into contact was complete, and the wounds which remained open were soon filled with granulations of a healthy character. At this time, six weeks after the operation, the patient completely relieved of his pains and sleeplessness, has recovered all his usual strength and flesh, and by means of an obturator, ably contrived M. Charrière, the enormous loss of substance is not perceived, and speech is as perfect as it ever was.

Examination of the Tumor.—The tumor is an osteo-sarcoma of the right superior maxillary bone; with the exception of the alveolar border which has escaped the degeneration, and is furnished with all the teeth perfectly healthy, all the rest of the bone has almost entirely disappeared in a cancerous mass. The globe of the eye is healthy, but all the tissues surrounding it have been invaded by the disease.—*Gazette des Hôpitaux.*

The following is an extract from a *Memoire* read before the Academy of Sciences in Paris by Ch. Robin, M. D. entitled," A new Anatomical Element entering into the Constitution of Peripherical Nervous Tissues," which he terms "*Périnèvre*":

"The *périnèvre* forms around the primitive fasciculi of nerves an uninterrupted tube or sheath, which extends from the point of exit of the nerves from the dura-mater or from the ganglions for the nerves of sensation, as far as the terminations of the nervous tubes in the substance of the tissues. It is wanting in those ramifications of the great sympathetic, the color of which is grey, and the consistence soft. It exists in those which are white. The parieties of these tubes is from one to several thousandths of a *millimètre* in thickness. They are composed of a homogeneous substance without fibres or fissures. Chemical agents act upon them in a manner entirely different from that observed in cellular tissue. Nitric acid hardens and corrugates it, giving to it an appearance of parchment. Each nervous filament, whether visible to the naked eye or not, is enveloped by this "*périnèvre.*" Between the filaments which the *périnèvre* surrounds is found the cellular tissue, called *neurilemma*, which besides forms quite a thick coat around the larger nerves. The nutritive vessels of nerves ramify and are distributed in the *neurilemma* alone. No capillary vessels penetrate the *périnèvre* to ramify in its cavity, between its tubes or primitive nervous fibres.

"The périnèvre presents moreover other anatomical and physiological peculiarities, which are interesting to study.

"Thus, this tubular anatomical element is ramified in the manner of the nervous filaments which it intimately envelopes. These ramifications are observed in the plexus and anastomoses of the nervous branches. Anastomoses of the nerves take place altogether by means of this *périnèvre*. The tubes themselves, or the primitive fibre of the nerves, merely run from one tube to the other, being protected by this division of the *périnèvre*. This latter ramifies when, as in the skin, muscles, etc., each of the fasciculi of the tubes or primitive fibres which it envelopes is divided to form the subdivisions in which the tubes are found more or less numerous. It is subdivided in a similar manner until gradually it becomes the covering of a single nervous element. If the nervous element terminates by a free and sharp extremity, as is seen in electrical apparatuses, muscles, etc., the *périnèvre* becomes gradually thinner and thinner until it ceases to exist a short distance from the termination of the nervous tube. If the nervous element ends in one of the corpuscles of pacini the *périnèvre* accompanies it to this corpuscle, the layers of which are continuous with it. If, on the contrary, it terminates in one of the tactile corpuscle, the *périnèvre* accompanies it thus far, and becomes confounded with it. In this way the corpuscles of pacini, as well as the tactile, may be considered as an appendage to the *périnèvre*."

It results from this difference in the anatomical composition of the *périnèvre* and the neurilemma, a difference in the pathological states to which they are exposed; pathology thus coming to the aid of anatomy in marking the distinction between the two textures.

Thus, whilst the neurilemma is considered by the majority of the pathological anatomists as being the seat of inflammation, the périnèvre cannot be similarly affected, since it is not at all vascular. The absence of vessels from this texture is the reason why the nervous filaments may pass through tissues diversely diseased without participation in the affection. Its great power of resistance, and its want of elasticity explain, in a great measure, how the nerves are capable of bearing great traction, such as may be caused by tumors, without injury, notwithstanding the great delicacy of the primitive fibres of which they are composed. M. Ch. Robin also mentions a peculiarity which he has often met in people advanced in life, and for which reason he is disposed to consider it the effects of age, viz: in a deposit of fatty granulations, sometimes but few, and at other times crowded together so as to form large patches of various forms, included within the substance of the *périnèrve*.

This paper of M. Robin, of which a mere synopsis has been given, is calculated to throw much light upon the pathology of the nervous system.—*Gazette des Hôpitaux.*

Case of Vesico-Intestinal Fistula.—The patient, a man 40 years of age, had generally enjoyed good health, with the exception of some slight hypochondriac attacks, up to the year 1844, when for the first time he suffered from symptoms of hemorrhoids, such as irregular stools, constipation, pains in the sacral region, swelling of the veins around the anus, etc. This state was soon followed by shooting pains of a peculiar character, coming on in short paroxysms, and extending from the root to the extremity of the penis. His health in other respects was excellent.

Later in the same year this man remarked, that while urinating, and sometimes even when making no attempt to pass his water, gases would escape from his urethra. Soon after this, he found in his urinal fragments of almonds which he had eaten the day before, and in a short while fœcal matter made its appearance. This latter gradually increased in quantity until finally the canal of the urethra would frequently become clogged. Soon evacuations ceased to take place by the anus.

No fistulous opening could be found by catheterism of the bladder nor intestine showing the means of communication between the two cavities. The only ease to be obtained by the patient was from drinking large quantities of water. His

appearance is good, appetite intact, his strength about the same as before, and emaciation making but very slow progress.

But the pains gradnally increased, until finally they became so intolerable as almost to drive the patient mad. In April, 1845, peritonitis began and terminated fatally. The disease had lasted 16 months.

Post Mortem Examination.—Upon opening the abdomen, a large quantity of brown, fœtid liquid, containing flakes of purnlent matter made its escape. The ascending and descending colon was strongly adherent to the other portions of the intestines and to the thickened mensetery. The liver, spleen and gall bladder were covered by firm false membranes, but their internal structure was found normal. The ascending colon was filled with gases, and a large quantity of fœcal matter; the inferior part of the descending colon was so strongly adherent to the bladder and neighboring organs as to make it impossible to detach it. About eight inches above the anus, where the adhesions between the bladder and intestines were most intimate, an opening about one inch in diameter was fonnd, forming a means of communication between the bladder and intestine. The bladder itself contained a yellow liquid mixed with fœcal matter; its mucous membrane a blueish color, much thickened, covered by a yellow mucons, and presenting a varicose state of its veins. The colon and rectnm were abont the normal size. The mucous folds were large, and immediately above the sphincter ani the hæmorrhoidal veins were fonnd much dilated. No trace of tubercles or cancer was any where found.

Dr. Stnrm, who publishes this case, thinks that the fistula originate from the inflammation and ulceration of a varicosed vein of the bladder.—*Deustche Klinik u Arch. de Med.*

Non-necessity of Salt.—In Europe it is generally supposed that salt is a necessary of life, bnt here we never found it so. I was once on a riding excursion with Anderson and three other men for six weeks, and a pill-box of salt was all we used. The Namaquas occasionally use salt, but they set no store upon it. There is no doubt that people who live on meat and milk would require salt much less than those who live on vegetables; bnt half the Damaras subsist simply on pig-nuts,—the most worthless and indigestible of food, and requiring to be eaten in excessive quantities to afford enough nonrishment to support life. The Hottentots by Walfish Bay, who live almost on the 'Nara gourd, and, who have the sea on one side and salt-springs in front of them, hardly ever take the tronble to collect salt, which they certainly wonld do if they felt that craving for it which distresses many Europeans. The last fact that I have to mention with reference to salt is, that the game in the Swakop do not frequent the salt-rocks to lick them as they do in America; and I am informed that certain New Zealand tribes not only live without salt, but actually look upon it with distate and aversion.—*Galton's Tropical South Africa.*

Rupture of an Anchylosed Knee Joint.—A man, aged 29 years, who had had incomplete anchylosis of this articulatiou for upwards of uine years, the result of an accident, placed himself under the care of a practitioner, who, by violent efforts, broke through the anchylosis. The leg, however, remained luxated backwards, the femor projecting anteriorly about four fingers' breadth. Four fistulous passages formed; swelling of the knee joint, severe pain and loss of power in the limb, accompanied by hectic fever snpervened; and the limb was finally amputated. Examination of the joint proved that the ligaments of the knee were destroyed, and the whole of the cartileges had been removed by ulceration.—*Medical Times and Gazette.*

Tracheotomy in Croup.—M. Guersaut states in the *Union Medicale*, Jnly 3d, that of one hundred and sixty-one children operated on in the Hôpital des Enfants, thirty-six were saved, or one in five; and he believes that this fortunate result would have been more marked, had the operations been performed earlier in the disease than was usually the case.—*Boston Medical Journal.*

Editorial and Miscellaneous.

2d Clown—"*But is this law?*"
1st Clown—"*Aye, marry is't; Crowner's-quest law.*"
[Hamlet—Act V., Scene 1.

We wish to establish the proposition that: a physician and surgeon of capacity and experience should always be chosen to fill the office of Coroner.

Nor is this proposition so novel as it may appear to many of our readers. In Loudon, Wakely, a physician, has been Coroner for years; and his scientific investigations are acknowledged to have been of the greatest benefit to justice. In Vienna, the legal officer is in all examinations assisted by Rockitansky, the great pathologist. In France, by the *code d'instruction criminelle* it is made the duty of the Procureur du Roi to call one or two physicians to his assistance in his investigations. Article 44 reads as follows.

"S'il s'agit d'une mort dont la cause soit inconnue et suspecte, le Procureur du Roi se fera assister d'uu ou deux officiers de santé, qui feront leur rapport sur les cause de la mort et sur l'état du cadavre.

"Les personnes appellées, dans les cas du present artiele et de l'article précédent, prêteront, devant le Procureur du Roi, le serment de faire leur rapport et de donner leur avis en leur honneur et conscieuce."

From this, we see that in France it is the physician who is, in reality, the Coroner and Coroner's jury, to examine, judge, and give verdict; leaving the officer of the law but little to do. In Paris, the physician Tardieu, is the real Coroner. He writes out the *post mortem* appearances, and his conclusions from them. Should the case not be perfectly clear, his notes are placed before a medical committee which reports upon them.

The office of Coroner has decended to us from the Saxons, with whom it was one of the most ancient and honorable of official distinctions. It is but recently (by statute of 1853) that it has been restored, by our legislature, to the elective character, which was so strenuously preserved by its originators. For the purpose of the election of Coroner — we quote from Blackstone — "there was a writ at common law, *de Coronatore eligendo*, in which it is expressly commanded the sheriff, '*quod talem elegi faciat, qui melius et sciat, et velit, et possit, officio illi intendere.*' And in order to effect this the more surely, it was enacted by the statute of Westm. I., that none but lawful and discreet knights should be chosen; and there was an instance in 25, Edw. III., of a man being removed from this office because he was only a merchant. But it seems it is now sufficient if a man hath lands enough to be made a knight, whether he be really knighted or not; for

the Coroner ought to have an estate sufficient to maintain the dignity of his office, and answer any fines that may be set upon him for his misbehavior; and if he hath not enough to answer, his fine shall be levied on the county, as the punishment for electing an insufficient officer."

The duties of the Coroner were, at the common law, both ministerial and judicial. He was chosen for life, and was ordained together with the sheriff to keep the peace, when the Earls gave up the wardship of the county. Besides this, his only other ministerial duty was as the sheriff's substitute in certain cases. His judicial duties were more various. They were to inquire when any person was slain, or died suddenly, or in prison, concerning the manner of his death, and if any were found guilty, by his inquest, of murder or other homicide, to commit them to prison for further trial, and also to inquire concerning their lands, goods, and chattels which were forfeited thereby. He also inquired in such cases whether by the death any deodand had accrued to the King or to the Lord of the franchise. Another branch of his judicial duty, was certain inquiries concerning shipwrecks, and treasure trove.

By this it will be perceived that our statutes of 1805, 1808, 1814 and 1853, are close copies of the rules establishing the office of Coroner at common law. But neither in England nor with us has this office preserved its honorable distinction. Blackstone complains that even in his time, the office had been suffered to fall into disrepute, and get into low and indigent hands, and that Coroners desired to be chosen for the sake of the perquisites allowed them by the stat. 3, Hen. VIII. So that now, both there and here, it is entirely a matter of business, and the question is: who can do the business best for the rewards attached to it? and who can perform the duties of the office with least expense to the State?

In the first place, it will be admitted, we presume, that an intelligent physician can perform the ministerial functions of Coroner, quite as well as a man chosen out of the street on account of his strong head for jollity and drink; or because he is poor and has a large family; or because, in fact, he is a good fellow and ought to be helped along. Neither the ministerial or judicial functions of the coroner are so various with us as at the common law; and since his ministerial duties only arise upon the resignation, removal from office, incapacity, or death of the Sheriff, he is very seldom, or never called upon to execute them. For the idea that a Sheriff of the litiguous Parish of Orleans would resign his office is ridiculous; the idea of any judicial officer of that Parish being removed from office before the expiration of his term, for incapacity, drunkenness or other vice, is preposterous; and as for his dying during his term of two years, since the ancient regime of the bowie knife, such a thing as "a dead Sheriff" has not been heard of; he seems to have a lease of life for his term, and it may be said, "The Sheriff never dies."

To be a physician by no means incapacitates a man for other business. No doubt there may be physicians, and eminent ones at that, who can shave a note as closely and smoothly as e'er a broker on change. No coroner can give better evidence of capacity for public business.

Physicians have in no age been found unfitted for public affairs; but have proved themselves able governors, senators, and leaders of the people. Surely, many can be found in this city able to grace the office of Coroner.

In the second place, if the coroner were himself a capable physician his judicial duties would be performed better, or at least, with more safety to the State and to individuals. It is the duty of the Coroner to inquire concerning the manner of the death of the person on whom he holds inquest; and to assist his investigation he is allowed to summon a physician. We have seen that this is also the case in France. But he who is called physician in France has gained his title by hard study, and after many severe examinations by capable men; and if the Procureur du Roi should take the one nearest him, whoever he might be, he would know him to be, at least, capable of making a correct *post mortem.* This can by no means be said of the city of New Orleans. As an instance of the importance of a correct *post mortem*, we would cite an occurrence in Paris.

An actress in one of the theatres one night observed during the play that her lover kissed and pressed the hand of another actress with too ardent tenderness. Infuriated by jealousy, she met him behind the scenes and plunged her stage dagger into his chest just over the region of the heart. He fell and instantly expired.

Had this happened here — where less than a year ago the doctor, who was called in on a certain occasion by the Coroner, pronounced his opinion without ever removing the sticking plaster which covered the orifice where the deceased was stabbed — the actress, in all probability, would have been hung. In truth, the stab at the vital part, and the death occurring at the same instant, was such a coincidence as to render the presumption of his death from the wound almost conclusive, and a jury would be justified before God and man in finding it so. Yet it was not from the wound he died, but from the rupture of an aneurism of the aorta, which happened just at the moment the wound was inflicted. This was discovered by a careful *post mortem*, and the presumption of fact was thus repelled.

A circumstance which happened in this city not long ago, and which caused a little comment at the time, may serve to illustrate still further our position.

A man had been shot with a pistol by some one on the Levee. He was taken to the Charity Hospital, and in a week or two he was recovering from his wound, which was very serious, and apparently in a vital part. He however soon fell sick, and in a few days the Coroner hearing he was dead came to the Hospital to make his inquest, bringing in his train a certain physician. The physician made his *post mortem* with a pocket scalpel, and when he had concluded, pronounced the firm opinion that the man had died of the wound. "Why Doctor," said one of the young students of the house standing near, "that man died with black vomit." "Very well then," quoth the Doctor, "he died of yellow fever." And so he had. Some of the black vomit was still on the sheet, and upon examination more was found in his stomach.

We have no doubt but that in this country many a man has been punished for the stupidity of the Coroner or his physician, and for no other crime.

But, we may be asked, would it not be likely to be just as bad if the Coroner were elected from among the physicians as it is now that he has his choice among them in the absence of the city physician ?

Certainly not. The people generally elect men to such offices, either because their sympathies are excited towards them, regardless of their fitness ; or because of their capabilities to fulfill the duties of the office. Occasionally, when party spirit runs very high, they may elect them entirely on party grounds. Now, the sympathies of the mass of the electors are not excited towards physicians, however fine fellows, or however miserably poor they may be, as they are towards poor Tom, or poor Dick, or poor Harry. Nor however high party spirit might be, could they get up much enthusiasm for a Doctor. When they are forced then to choose out of a small class, almost wholly cut off from their sympathies or party feeling, they would be influenced by a desire to elect the most capable who would accept the office.

Let it not be supposed that we oppose the election to this or any other office, or that we sneer at the sovereign people. We are an excellent democratic republican, yet, by some means or other, the members of our theoretical democracy are put sadly to the blush, and have to hang their heads, at almost every judicial election in a large city.

To resume : The physician elected to fill the office of coroner would be, most probably, an able one. Then danger from incorrect examinations would almost cease. Instead of summoning Doctor Sangrado with his lancet and basin of warm water in hand, to examine a gunshot wound; or Dr. Purgon armed with his glister pipe, to pass judgment upon a case of abortion ; or Dr. Moutarde, who graduated during the Greek Kalends from the college of Nowhere, to investigate an affair of poisoning, he would do it all himself. Nor would he slight his work, for he would not just step in for his fee of ten dollars, but like Wakely and Tardieu and Rockitansky, he would pursue his investigations as a business demanding all of his care and knowledge.

In the third place, if the coroner were himself a physician the expenses of the city would be much lessened. It is very seldom the case that an inquest can be satisfactorily held without the presence of a physician, who is summoned by the coroner and who receives ten dollars for his attendance. The amount thus paid is very considerable, perhaps exceeding three thousand dollars a year, all of which would be saved if the coroner were a physician. This is no small matter to a people so burdened with debt and taxes as we are.

In conclusion, we see no constitutional difficulty in carrying our proposition into effect. The legislature surely have the right to limit an office to be filled out of a certain class, when the constitution has not acted upon the subject. We therefore ask that our city charter be so amended as to render no man eligible to the office of coroner who is not a regular graduate of some medical college of good standing. In country parishes the necessity for this is not so great, and there are, besides, obvious difficulties to it. But in the city the reform is necessary, and therefore, if for no other reason, right.

University of Louisiana—Medical Department.—The regular course of lectures in this instituiion for the session of 1854–55, commenced on Monday, the 13th of November. Up to the time we write, the number of matriculants is greater than that of any previous year, at a corresponding period. The prosperity of the College is justly regarded by the medical profession throughout our own State and the Southwest as a subject of pride.

C. Bernard and Ch. Robin on the Blood.—Such is the title of a small work recently offered to the profession by Dr. W. T. Atlee, of Philadelphia. It contains a lengthened and detailed report of M. Bernard's lectures on the blood, delivered at the "College de France," during the winter term of 1853–4; together with an appendix explaining M. Robin's views on the same subject. Although the book has in it much that is new and interesting, yet the author's style is so defective, and his English so French, that at times it becomes perfectly impossible to get a correct idea of his meaning. He should have borne in mind, that his notes were to be published with the sanction of M. M. Bernard and Robin, and that therefore he assumed the responsibility of placing *their* thoughts before the public in a manner worthy of them. This he has not done. He simply translates his notes without attempting to connect ideas or describe experiments, and makes of the whole a confused mass, which, with a little careful attention, might otherwise have been rendered of immense value to science.

However, we recommend the book as containing the latest opinions and theories of these learned professors on this subject. Should Dr. Atlee see fit to give us a second edition, we trust that he will revise and correct carefully, and make it what it ought to be—the *best work on the blood* in our language.

We have received, through Messrs. J. B. Steel & Co., of this city, from the publishers, Blanchard & Lea, of Philadelphia, "Meig's Work on Child-bed Fevers."

After an interesting and instructive preface, Dr. Meigs enters into a careful examination of the different doctrines and theories which from time to time have influenced the opinions of the profession on this subject. He repudiates the name of "*child-bed fever.*" This word he says is false and deceiving, and ought to be banished from our medical vocabulary. He considers the affection as one dependent altogether upon a local inflammation, which by its irritation, gives origin to the febrile phenomena. From this point, the author starts his proofs that there can be no contagion in an affection dependant upon such causes. A long chapter is also devoted to the question of the possibility of the practitioner carrying the infection from patient to patient, the medical man thus becoming what Dr. O. W. Holmes calls a *private pestilence.* In fact, all questions of interest connected with the puerperal state, are fully treated on in this work; and as it contains the sum total of the authors forty years' experience, it cannot fail to be a most valuable addition to our libraries.

We have received a copy of the proceedings of the New Orleans Academy of sciences. We are pleasad to include it in the list of exchanges.

CHARITY HOSPITAL.

The diseases most prevalent in the medieal wards at this time, are diarrhœa, intermittent fever, pleurisy and pneumonia; there have been lately several eases of cholera, but no more than is usual at this season of the year.

The yellow fever may be said to have disappeared. It will be seen from an analysis of the admittanees, discharges and deaths of that disease, that September and Oetober present a list of mortality whieh has never been equalled in the same months in any prceding epidcmic. In 1853, yellow fever had almost disappeared from the hospital by the 25th of September; this year, the mortality during September, exeeeded that of any other month of the epidemie.

The number of admittanees into the hospital, for the present year, of yellow fever, beginning on the 13th of July, has been 2,678; of these, 388 were in *articulo mortis* when reeeived. Number of deaths 1,228. The first death from yellow fever oeeurred on the 14th of July, in whieh month the total number of deaths was 12. In August, there were 300 deaths; in September, 540; in Oetober, 288, and up to the 28th of November, 85.

Of those who died, 27 only had been siek less than one day; 214 one day; 199 two days; 224 three days; 145 four days; 55 five days; 36 six days; 40 seven days; 48 eight days, and 155 over eight days. From this it will be seen that 168 of those who died, presented themselves for treatment on or after the third day, a period when the disease had reaehed its acme. Taking all things into eonsideration, the report speaks favorably for the plan of treatment usually pursued in the hospital; we have elsewhere adverted to this.

In the surgical wards very little of interest has transpired; there have been no operations of any consequenee. The result of two *post mortem* examinations may be mentioned, as presenting some interest. The first was a case of aneurismal varix of the neck, (reported by Dr. Wederstrandt, in the first pages of this number of the journal,) who has sinee died. Little did we expect so soon the opportunity of verifying the diagnosis and answering the queries put forth by the reporter. The patient eame in the hospital affeeted with a ehronie diarrhœa, of which he died after a sojourn of a few weeks in the Wards. Thc eorreetness of the diagnosis, as to the nature of thc affeetion, of whieh there eould have been no doubt, was thus verified. On examination, the superficial and deep veins of the neek were found much enlarged, partieularly the external and internal jugular. Upon a eareful examination of the parts, a sae, situated internal to the scalenus anticus, was found resting on and adherent to the first rib; the parieties of this were lined with caleareous matter. This being evidently the seat of the injury, the sae was opened, and a eommunieation between the internal jugular and subelavian veins at their junction and the subelavian artery was found. This ease is remarkable from the faet that death was not produced instantaneously by a wound of vessels of sueh importanee.

A patient who had falleu into the hold of a ship, striking upon his head, was brought into the hospital perfeetly insensible; paralysis eomplete; respiration diaphragmatic only; he lived 24 hours. On examination, the bodies and transverse proeesses of the second, third and fourth cervieal vertebræ were found fraetured; the lungs œdematous, liver mueh engorged; color much distended. It may also be mentioned that, in this ease, the periеardium was eompletely adherent to the heart, the result of previous inflammation.

CHARITY HOSPITAL REPORT—Month of Oetober, 1854:

Admitted,	1,454
Diseharged,	1,127
Died,	380

Births, 12—5 males and 6 females; Still-born, 1.

Reports from November 1st to 30th inelusive:

Admitted,	1,133
Diseharged,	865
Died,	216

Births, 11—8 males and 3 females.

NEW ORLEANS

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Observations upon Diseases of the Colon and Rectum.

By WARREN STONE, M. D., *Professor of Surgery, University of La.*

These organs are the seat of a great variety of annoying and painful complaints, that seriously disturb the general health, and occasionally cause death; and, although more under the control of correct treatment than the diseases of most of the other organs, they are more neglected and worse treated than any class of diseases that afford equal annoyance and danger. It is true that the physician or surgeon is not often consulted in the early period, while the disease is simple; but it is the fault of the profession, for they have been so much in the habit of passing them by lightly, or prescribing for them at random, that those suffering usually resort to nostrums, until their sufferings become intolerable, and then often resort to some Dr. Smell-fungus, who advertises to cure in some easy manner not known or practiced by cruel surgeons. This is because the profession does not do its duty. If a lady but hints at some uterine disturbance, visions of ulcers, vegetations and strictures of the neck of the uterus at once spring up, suggesting the speculum, the probe and a variety of caustics, and nothing can quiet the eager physician but a thorough examination, and, of course, an examination is followed by treatment; but let the complaint be seated in the rectum, and who takes the trouble to ascertain the precise nature of it before prescribing?

I was once called to a patient who had been under treatment in various places for five years, for a chronic bowel complaint. He was having about thirty passages a day, and the desire was constant. He was using, by the directions of his last physician, the saturated tinct. of galls by injection.

Careful inquiry led to an examination of the bowel, when a fine stricture was found about an inch and a half from the anus, as if a pack-thread had been tied around it, leaving a passage that would, with difficulty, admit a common sized urethral bougie. The edges of it were cut with a bistoury, until the finger, (which was used as a director,) could be thrust through, when the bowel was entirely emptied, with total relief from what was thought a chronic dysentery. I mention this case not as anything remarkable, but to show how carelessly this unfortunate organ is treated, for this patient had had the advice of eminent men, who could only plead carelessness or indifference.

The diseases of this organ are very common. Many suffer for years, have their general health impaired and life shortened, from complaints that can with great ease and certainty be remedied in a short time. If the diseases of this organ had always received proper attention, and patients suffering from them had been in the habit of receiving prompt and decided relief which can generally be afforded, they would not have got into the habit of resigning themselves to their sufferings, or resorting to inefficient nostrums, as is now so generally the custom.

I consider that when a man sets himself before the public as a practitioner of medicine, and accepts the office of medical adviser to his fellow man, he assumes a responsibility far more sacred than the ordinary obligations due from man to man. Health, comfort and perhaps life may depend upon the discharge of his duty; consequently nothing should be passed over lightly. It is not to be expected that the different members of the profession will be equally prepared upon all the different branches of the profession, or classes of disease; as some will have a taste for one, and some for another branch, but justice to our patients and the profession requires that we should not temporize with what we have no desire to make ourselves familiar with. Hemorrhoids is the most common affection of the rectum, and although this disease is often very painful, patients rarely seek a radical cure until the suffering is extreme. Physicians who do not like to engage in operations, quiet their patient by prescribing some anodyne astringent ointment, and when these fail to mitigate the sufferings, his complaints are silenced by the consoling opinion, that if the piles are cured, apoplexy will ensue, or some vital organ will suffer. I doubt whether any sound medical philosopher ever uttered the opinion that bleeding piles is a security against disease of any kind. The truth is, it is a fruitful cause of disturbance of the system, independent of the suffer-

ing and annoyanee. If the subject of it have feeble powers of digestion and assimilation, the blood soon beeomes impoverished, and he is liable to all the diseases consequent upon this state of the fluids, and if the digestion be active, the system may be able in a short time to aeeommodate itself to the daily loss of a large quantity of blood, and to supply it fully in addition to the natural demand for nutrition; but after the habit of forming this extra supply is ereated, the bleeding from the piles may suddenly cease, and before the supply can be reduced to the natural demand of the system, great plethora is the result, and if eare be not taken, serious consequenees may follow. Sueh eonsequences may not oeeur to the young and vigorous, but mankind will not always remain young, and even the young will not all be vigorous. Those laboring under a phthisical diathesis are seriously affected by this disturbanee of the eirculation. If the subject is delicate, tubueular deposits may be induced by the impoverishment of the blood, or if the subject is more robust, and plethora follows the sudden check of a paroxysm of bleeding piles, apoplexy of the lungs or hemoptysis often oecurs. In those that are naturally plethoric, I need not say, that the sudden eessation of bleeding piles is dangerous. The faet is incontestible, that nothing but misehief can result from bleeding piles, or piles in any form; eonsequently, it is our duty to arrest them in the outset, if we are eonsulted early, and if we are not consulted until a plethorie habit is formed, it is the true praetice to put a stop to the bleeding, diet the patient, bleed or purge if necessary, and regulate the system until it has aequired the habit of furnishing only the proper amount of blood for the natural demands of nutrition.

Hemorrhoids, in a pure unmixed form, are mostly the result of eonstipation, pregnaney, or some cause that obstructs the return of blood in the hemorrhoidal veins. Irritation of the lower bowel, frequent purging and tenesmus often produce them, but usually mixed with partial prolapsus, or a forcing down of the mucous membrane, which often obscure the true hemorrhoidal tumors, if they exist. Constipation and other causes that obstruct the venous circulation of the parts, at first produces engorgement of the parts at the anal orifice, causing some uneasiness and obstructing more or less the passage of the feces; but finally the blood, from being obstrueted, coagulates in the enlarged veins, or the veins give way, and a coagulum forms in the sub-mueous cellular tissue, whieh being a foreign substanee, beeomes a source of irritation, eausing often severe pain and tenesmus, which tends to aggravate the disease. When the veins give

way, and free hemorrhage takes place, some relief may be afforded, but the diseased viens remain, and more or less coagulæ, either in the veins or tissues, keeping up irritation, and no permanent relief can be expected, they are removed. Leeches and astringent applications have about the same beneficial effect that they would have if applied to the ankle for the relief of a varicose ulcer. In the early period, before the veins are seriously implicated, leeches may be useful to relieve the engorgement, but if the cause is removed, they will scarcely be necessary. It may appear quite superfluous to remind the profession of the importance of regular discharges from the bowels, but the truth of it is so undisputed, and every one out of the profession is so familiar with the use of purgative medicine, that it is seldom thought necessary to prescribe and give specific directions for so simple a purpose as keeping the bowels open. Patients left to themselves, with general directions to keep their bowels open, usually put it off until they suffer severely from the effects of constipation, and then take a purgative, that will cause them to suffer until their bowels become loaded again. It requires careful observation and nice judgment to manage a case of habitual constipation so as to secure free and efficient daily discharges without taxing or irritating the rectum. There is generally some defect in digestion in these cases and deficient secretions, and the remedies should be selected with the view of aiding nature in her duty, and gradually overcoming the functional defect. As a general rule, some of the resinous cathartics, combined with some mercurial, answer the purpose best. I have been in the habit of prescribing a pill composed of a grain and a half of aloes and rhubarb each, and a grain of blue mass and capsicum each, at bed time. This may appear to be a small amount for a constipated habit, but if the articles are pure and properly administered, they will rarely fail to overcome it. This pill will not generally produce any manifest effect at once, in an obstinate case, but if a pill is taken every night, and its action assisted in the morning, if necessary, by a simple enema of cold water, it will not be many days before the bowels will be sufficiently moved, and the pill can be omitted for once, and if they are steadily persisted in, it will often become necessary to divide the pill, and give one-half. When this compound is graduated exactly to the wants of the case, it does not disturb the bowels until the patient begins to move in the morning, and then a free and satisfactory movement is produced without the feel of having taken physic. I presume many other compounds would act equally well, and that different cases may require differ-

ent eombinations, but I would urge that whatever is used should be used in aid of the natural functions, and free daily evacuations produced, if possible, without disturbing or annoying the bowels. If this eourse is pursued by those who are threatened with piles, they will not only avoid this annoying eomplaint, but will secure themselves against every other viseeral disorders. But if we are not consulted until hemorrhoidal tumors are formed, we should, in addition to the attention to the bowels, relieve the patient of this source of irritation while it is simple. As a rule, it is suffieient to split these tumors open freely with a bistoury, or any suitable eutting instrument, and diseharge the eoagulum, and to cauterize or fill the cut with lint, which will obliterate the diseased veins, and effect a eure without any formidable operation. Many eases, however, are permitted to run on until the system seriously suffers from the loss of blood, or the mucous membrane is implicated and foreed down, often causing exeruciating suffering.

These cases, whether they are simply internal piles or prolapsus of the mueous membrane, or both eombined, should be treated with the ligature. The patient having been prepared by having the bowels freely evacuated, the diseaseed part can be foreed out by the aid of an enema, and seized with a vulsellum or hook and dragged down farther, when a ligature ean be easily applied; or if the mass is too large for a single ligature, a needle can be readily passed under its base, a double ligature carried through and tied each side. It is all important that the ligature should be strong, and tied very tight, so as to leave no sensibility in the part strangulated; and after the first half hour, the patient will suffer very little pain. In a large portion of cases it is only necessary to tie one side; the cure is generally eomplete. There is no danger from pain and irritation, even in those who are weak and nervous from loss of blood and long suffering, when the ligatures are drawn firmly, and even in complete prolapsus of the intestine, it may be tied, (if other means fail,) with perfect safety and suecess.

Near twenty years ago, a ehild about two years of age was brought to me by its father, suffering from distended bowels, but not otherwise siek. The father stated, that soon after birth his fundament began to come down, and that the woman who offieiated at his birth had been frequently ealled in to return it, and had applied many remedies, but it grew worse until four days before he brought him to me, when she tied a strong paek thread around the whole mass, and literally sewed him up. The abdomen was tense, but he was not suffering severely. The ligature had fortunately

been drawn tight, and the parts were perfectly gangrenous and without sensibility. I cut away the dead parts, and relieved the orifice, when a copious discharge of gas and feces took place with entire relief, and the little fellow seeing something on the floor which he fancied, jumped down from his father's lap and went to play as if nothing had happened.

If this operation should be necessary, it would be better to transfix the parts with a needle, carrying a double ligature, when they could be tied, each way, and the parts strangulated without closing the orifice. This prolapsus is often the result of a kind of hypertrophy of the mucous membrane and a morbid sensibility which has no relation to inflammation, but it causes constant bearing down, and the parts yield by degrees. I have frequently cured it promptly by chloride of soda injections; one part of the chloride to six or eight of water.

Twelve years ago, a healthy man, about thirty years of age, came to my infirmary for prolapsus, and a distressing bearing down sensation at the fundament. On examination there was found a thick, velvety appearance of the mucous surface, much engorged; but there was no product of inflammation upon it. He stated that he had suffered more or less for a year, but that for three months he had given himself up entirely to treatment; had had leeches frequently applied; had been upon a very spare farinaceous diet; and had had many local applications made, but all without benefit. I ordered him a chloride of soda injection, and to his surprise he slept well; the injection was repeated a few times, and at the end of four days he declared that he felt perfectly well, and had his bowels moved easily without any uneasy sensations; and having an opportunity for employ, he left with the promise to return if the complaint troubled more, but I heard nothing farther from him.

Soon after this, I found a patient in one of my wards at the Charity Hospital, laboring under prolapsus. He was past the middle age, and upon examination, I thought it probably depended upon relaxation, and mentioned to the students who were following me, that I thought it a fit case for the operation mentioned by Dupuytren, of cutting out some of the concentric folds of skin. The patient heard my observations, and told me that Professor Gibson had performed that operation, and that it caused him to suffer more, and said that Dr. Gibson advised him to state the fact, if any one should ever propose the operation. On examination again, I found a buffy state of the membrane, and a constant uneasy sensation. I ordered the chloride injections, with great relief, and in a few weeks he was entirely

cured. The injection gave a little pain at first, but it disappeared in a few minutes, and the uneasy sensation with it — it seemed to destroy the morbid sensibility and relieve the bearing down.

A case, which was witnessed by many students, was treated in my ward in the Charity Hospital, a few days since, with prompt relief. I could state many cases were it necessary. I would not pretend to say that some other substances, known to have a favorable effect upon diseased mucous membranes, may not be of service, but I have found the chloride of soda answer in more cases, and effectually, than any thing else.

Ulcers are common, not only in the rectum, but in the colon. Ulcers, not the result of chronic inflammation, or a depraved state of the system, but from mechanical causes, or acute inflammation, variously induced, and they are susceptible of cure if properly attended to. The difficulty of making direct applications properly, and the necessary passage of fecal matter over them, renders the case a little more difficult than in ulcers of the mucous membrane in other parts.

Twenty years ago, diseases were treated, in the South and West, very different from what they are now. People were purged for every thing, and for nothing at all, and they got in the habit of purging themselves every Saturday night or Sunday morning, for fear they would get bilious. Purging was emphatically purging in those days. A patient would tell you that he had taken medicine which operated finely, if it had given him thirty or forty passages. Thirty grains each of calomel and jalap was the standing pulv. cathartieus of the hospital. Every one knows that the system of over purging either produces permanent looseness of bowels, or it is followed by costiveness and impacted feces in the cells of the colon, which I have seen the cause of ulceration. This habit of ill treating the bowels gave me large opportunities for observing diseases of the rectum and colon, and of a kind more easily cured, probably, than what would be found in the practice of a careful and judicious physician. There is great difference in a disease that has been produced or aggravated by a plain cause, and one that has arisen spontaneously, in consequence of some radical defect in the system, and progressed in spite of judicious treatment. Constipation accumulations in the cells of the colon, and the excessive use of purgative medicine, are the most fruitful cause of disease of these organs. Ulcerations, however, that occur from inflammation in a depraved state of the system, are susceptible of cure if the constitutional condition can be improved.

When I was House Surgeon in the Charity Hospital, a patient was admitted for a contusion on the dorsum of the foot, which was, when he was

admitted, taking on gangrene; it was arrested by appropriate treatment, a slough was cut off, and while the parts were slowly healing, ascites took place, which was so obstinate as to require tapping, but the functions were finally restored, and he became nearly well enough to leave the Hospital, when he was seized with dysentery, (which was then prevalent,) and in spite of special care, it ran rapidly into ulceration, as shown by the discharges of pus and blood, with a constant desire to go to stool, and the discharges were very offensive. I ordered an injection of the chloride of soda, one part to eight of water. The assistant reported that it could not be given, and I went to his assistance, and by pressing the fundament lightly around the nozzle of the pipe, a pint or more was pumped into the bowel, and the patient pointed out the course it went by his own feelings, showing that it pervaded the whole extent of the colon. The patient complained bitterly, at the moment, but he was allowed to pass it off soon, and in a few minutes he expressed himself much relieved. The result was, that instead of a constant, painful desire to go to stool, he had four passages during the day, and was comparatively comfortable, and begged for a repetition of the injection. They were repeated twice a day (made a little weaker) for a few days, and then once a day for ten days, when, by the assistance of tonics and appropriate diet, the patient was fairly convalescent, and was discharged in due time well. This was an extreme case; no one who saw him thought he would recover, and the injection was a last resort. One year from the time this patient left the Hospital, in making my mid-day visit through the medical department, I recognised him again. He had just been brought in in a congestion, and in a state of insensibility, and died the next day. An examination was made, and the colon was found studded with cicatrices, mostly through the whole extent, though they were the most numerous in the transverse and descending colon.

This case led me to make experiments with other medicated injections, but I found benefit in more cases from the chloride of soda than anything else. It seems to cleanse the ulcers, neutralize the secretions and diminish the morbid sensibility. It is useful in most cases that have run through the acute stage of inflammation, and when, from the character of the discharges and the persistent pain, we may suspect ulceration. It appears to me, that the epithilium in these cases is removed, and that the chloride favors its formation. In chronic ulcers of the colon, we can more exactly determine their situation, for they are generally fewer in number, and the patient is generally able to point out their situation by his own feeling. These will not heal as rapidly as the acute ulcers, (if I may so term them,)

but they will heal with as much or perhaps more certainty if proper treatment is persevered in.

I was called to see Mr. B., a well-known citizen, in 1850, who had had disordered bowels for eighteen months, and had taken a great variety of medicines, usual in such cases, from eminent physicians, but with no permanent benefit. I found him weak; only able to walk a few squares; much emaciated, and with a sallow, dingy hue of skin. On examination, I found a fixed soreness in the descending colon, where he experienced the most pain on the passage of fecal matter, but there was evidence of more extensive disease of the colon. His evacuations were unhealthy and offensive in the extreme, and accompanied with more or less pus and blood. His digestion was bad, and he was troubled with flatulence and all the usual annoyances of the dyspeptic. I commenced with the use of the chloride injections, and they at once produced a decidedly beneficial effect, but the cure was slow. The patient required nutriment, and the stomach was in such order that the food would often pass into the bowels in an imperfectly digested state, but as the suffering from the bowels diminished, his general health improved. The injections gave so much ease, that he omitted the anodyne enema at night, which he had been in the habit of using, and took one of the chloride of soda instead, as it gave him much more ease. It would be unprofitable to detail the daily treatment. He took the injection once or twice a day, (occasionaliy omitting it,) for a month, and then occasionally for some time, with a steady improvement in the character of his discharges and in his feelings. Particular attention was given to improve the state of his stomach, but he found the most benefit from the infusion of quassia in lime-water. The recovery was complete, and his health has been better since than it was for some years previous to his illness.

I have not gone into the details of the symptoms of this case, as it is my object to call the attention of the profession to this subject, and not to give a minute history of ulceration of the bowels, but I will state that there could be no doubt of the nature of the case. I do not pretend to advance anything new, but I feel that the diseases of this organ are neglected, and that many cases are permitted to die that careful and persevering treatment would cure. There is nothing wonderful or mysterious about it. Ulcers exist on an organ that has an unavoidable duty to perform, and it requires a little more assistance to heal them, in consequence of their situation and their liability to irritation from fecal matter. The patient should be nourished so as to have as little duty for the large intes-

tines as possible; and when it is plain that the affected bowel is disturbed by the discharges, it should be emptied and washed by an injection, and the bowels then stayed so as to give as long a period of rest as possible. In giving the injections, care should be taken to give enough to pervade the whole extent of the affected bowel. Most people think that when they have filled a syringe, put the nozzle in the rectum and pushed down the piston, that they have given an injection, but if injections are given for ulcers in the transverse colon, the fluid must reach there, and come in contact with them. This can be done by passing the pipe well into the rectum, pressing the parts around it, and introducing the fluid gradually but firmly, and the patient will feel its progress up the bowel. Some fancy they can pass an elastic tube into the colon, and thus give injection high up. They can coil up an elastic tube, (if it is not too stiff,) in the rectum, but I defy them to pass it beyond the hollow of the sacrum. There is no occasion for this, for if the tube passes the sphincter, it is as well as if it were passed further.

I will mention that I have never known the chloride of soda injections to give more than temporary uneasiness, when the effect was not beneficial, and that when it is appropriate, relief is experienced as soon as the first annoyance of the injection is over; so that if the injection has been satisfactorily given, and no relief follows, I do not persist.

When upon the subject of constipation, I omitted to mention, (what I have often observed in females that have borne children,) that constipation, or imperfect discharges from the bowels, is a fruitful cause of prolapsus of the uterus, and frequently the sole cause of the suffering attributed to prolapsus. The bowel has been distended into a pouch during pregnancy; the parts about the fundament have become engorged, and a ready discharge is not given; the abdominal muscles being relaxed, do not aid in the expulsive efforts, and the bowel is not emptied, although the patient may have several passages a day. Very few mark the quantity they pass. A passage is a passage, although it may not more than half empty the bowel, and a constant bearing-down, distressing pain is experienced. I abominate purgatives, except in some cases of acute disease, but I feel the vast importance of regular and efficient action of the bowels. Abernethy gained immortality by the use of a little blue pill—rhubarb, and soda, and occasionally black draught, simply from their effects as laxatives.

Fibroid Degeneration of the Liver.

By D. Macgibbon, M. D., *New Orleans.*

On the 24th of November, 1854, I had an opportunity of examining the body of an Irish woman who died that morning in the Charity Hospital, where she had been for some time as a patient. My attention was first called to her case in the summer of 1853, at which period she first entered that institution. The physician under whose care she was then placed, and some others who had examined her, gave it as their opinion that she was pregnant. The abdomen was certainly as large as that of a female six or seven months gone with child, and as far as this symptom went appearances were against her. She totally, however, disclaimed being in the condition suspected. The enlargement, she stated, had existed for several months; she never had menstruated; was about twenty years of age at this time, and rather what would be called a "poor creature," the mental and physical parts being endowed on a scale rather below the normal standard.

After an examination of her case, I was fully satisfied that she was not pregnant, and for the following among other reasons: The os uteri felt hard to the touch, and was small like that of the unimpregnated. The body of the uterus, too, was not developed in any degree, as far as the touch, per vaginam, could discern, and the uterine region, when examined, had no tumor occupying it. Ascites was present to some extent. The tumor that mainly contributed to distend the abdomen came down from under the ribs on the left side, and extended also over on the right a little beyond the ensiform cartilage. It descended to a little below the umbilicus, when it passed off to the left towards the spine, leaving the iliac fossa nearly free. The tumor, was without pain, dull on percussion, and felt smooth and firm. Its right and lower margins could be readily defined by the fingers through the abdominal parieties. It could be pushed up some way towards the diaphragm, and while thus made to ascend, I noticed particularly that the uterus was not in any degree drawn up from its situation at the top of the vagina, which could scarcely be the case did that organ or any of its appendages participate materially in the formation of the mass. My diagnosis, therefore, was that the uterine organs had nothing to do with the abnormal tumor whatever it might prove to be. It seemed more like an anomalously hypertrophied spleen than anything

else I could suggest; but she had never resided in a malarious district to give color to even that suspicion.

A pretty loud systolic murmur was heard over the region of the heart. In the lower extremities some effusion had taken place. She was pallid looking, and, as already mentioned, was altogether a weakly person.

In process of time, the notion of pregnancy was seen not to hold good, and was abandoned by all except one of the physicians, before referred to, who now fell on the suggestion of *extra-uterine* pregnancy as that which best explained the case. That it depended upon disease of the left ovary was the view entertained by several who had seen the case, but for the reason already mentioned, I could never favor this opinion.

In consequence of the enlargement of the abdomen, and the irregular action of the heart, giving rise to dyspnœ, she was frequently unable to keep the horizontal position for any length of time, but had to be propped up in bed. Her lower extremities, on one occasion especially, became greatly distended with fluid, and considerable sloughing of the cellular tissue took place, which prostrated her greatly, so that she was not expected to live. With care, however, she recovered; the sores healed, and she ultimately so far improved for a time that she left the hospital, but had soon to return again, and here she remained till her death. As far as I could judge, the tumor had not enlarged any since the period when she first entered. She was at no time under my care, but I frequently saw and examined her. The last time I examined her was some two or three months preceding her death.

Post mortem.—On the chest being opened, the heart was found greatly enlarged; the pericardium was closely applied to the organ, very little, if any, fluid being in the sac. The walls of the left ventricle were very thick. The whole organ indeed was greatly hypertrophied. Both ventricles contained a good deal of blood. The mitral valves were thickened slightly, and had a row of small fleshy beads fringing their free edges. One of the valves was puckered a good deal; evident insufficiency existed at this auriculo-ventricular opening, and consequently regurgitation.

The tricuspid valves were also a little thickened, and there seemed to have been regurgitation through the right auriculo-venticular opening likewise. This was, however, mainly owing to the enlargement of the orifice, consequent on dilatation of the organ, which made the valves too small to shut it completely.

The sigmoid valves of the aorta, and those of the pulmonary artery,

were perfectly healthy. The above lesions very well accounted for the systolic murmur, and also for the hypertrophied condition of the organ. The lower lobe of the left lung was completely atrophied, in consequence of the pressure caused by the enlarged heart. The upper lobe was normal. The right lung was healthy, but smaller than usual owing to the heart having encroached somewhat on its space also.

The abdomen, when opened, gave exit to a considerable quantity of straw colored serum. The true cause of the tumor was now seen to be a peculiar degeneration of structure of the left lobe of the liver, which I shall now attempt to describe.

Immediately to the left of the false-ligament, where the left lobe begins, the usual shape and color of the liver was wholly lost. At this point, the organ projected itself abruptly downwards till it reached a little beyond the umbilicus, where it sloped off to the left, forming thus a large oval-shaped mass, which occupied the greater portion of the left side of the abdomen, as already mentioned, and a part of the right.

The peritoneal covering was thickened, and the color of the tumor externally was dark, contrasting well with that of the right lobe which was of a yellowish hue. The same alteration existed on the under surface of the tumor. Cautiously dissecting through the groove, from before backwards, the chief connection which remained between the right and the left lobe, beyond some fibroid tissue, was that formed by the portal and other vessels which branch off from the former to the latter at this point. All hepatic tissue to the left of the groove was found greatly changed or metamorphosed by the abnormal deposition. The color of the mass when cut into was a darkish green, with occasional nodules here and there of yellow-tinged lardacious matter. These latter were very friable, but the greater mass, both to the feel of the finger and the eye, seemed to be composed of a fibro-plastic material. From the cut surface a greenish yellow fluid exuded showing that bile was in some degree still secreted in this portion of the organ, and that the degeneration was not so complete as from its appearance we might have inferred. The mass was well supplied with blood vessels; on the under surface especially these were observed to ramify in the sub-cellular tissue in a way not observable in the healthy organ. Incisions made in the left lobe gave out, too, much more blood than did the same in the right, which in this respect behaved as this organ in anæmic subjects will be found to do. The right lobe was also diseased.

At one point, immediately under the serous covering, there was a whitish patch, of shrunken appearance, which, when cut into, showed a deposit of about an inch in depth of lardacious matter, similar, I think, to that seen in several portions of the left. The tissue in the neighborhood of this was congested. In this we had seemingly a specimen of the process of degeneration which had in the other lobe proceeded so far as we have described.

The right lobe was about the usual size. In the gall-bladder, which was very small, a portion of bile, of the usual color and consistency, was found. Both kidneys were smaller than normal and slightly lobulated. The central pyramidal bodies in each were in some degree obliterated. The spleen was small and firm. The uterus was even smaller than the unimpregnated usually is. Both ovaries were healthy; no puckering on their surface was seen to indicate that ovulation had taken place. These were all the particulars that were noted. Certainly the organic lesions of the heart, together with the condition of the liver, were sufficient to account for the precarious tenure of life which she had had for the past few years, as also for the fatal issue. It is only surprising in some of these cases, where the patients are taken care of, and have but little exertion to make, how long they can hold on to life; but with even these advantages, theirs is a life with but few indeed of its enjoyments.

Bernard on the Temperature of the Blood.

From Notes taken by G. S. Vance, M. D.

Animals are divided into two grand classes — the *warm* and the *cold blooded*. The first may be considered as having a fixed temperature of between thirty-nine and forty degrees centigrade, subject to slight variations from causes to be explained hereafter. In birds, it is some four or five degrees higher than in man, and even in man it varies in different parts of the body, being lower at the extremeties than in the abdomen or chest; in the *cold blooded* it is variable, and influenced by the greater or less heat of the surrounding media. When speaking of the normal temperature of the blood, Mr. Bernard must be understood as meaning the blood contained in the heart. It is true that the maximum is not found

here, but in the inferior vena cava, where it passes near the liver, at which point it is considerably higher than in either the neighboring aorta or heart.

Up to the present time it has generally been the received opinion, that the maximum heat of the blood was to be found in the left ventricle of the heart, and the experiments made in support of this view would seem to prove it beyond all doubt. If an animal be killed, and a thermometer be introduced into the left ventricle, another being placed in the right, the mercurial column in the former will be seen to rise higher than in the one placed in the opposite cavity. M. Bernard says, that when the experiment is carried on after this manner, there can be no doubt but the result will be as above stated; but the whole is faulty, he contends, from the simple fact that the experiment is made upon a dead animal. He says, that in order to arrive at the truth, we must manage some way or other to get our instrument into the heart of the animal whilst still living, and then it will be seen that so far from the maximum being found in the left ventricle, its temperature is even below that of the right side.

The thermometers Mr. Bernard uses for this purpose, are so admirably constructed, that differences of the hundredths of a degree may be easily recognized. His method is to introduce one of these into the brachio cephalic artery and thus into the left cavity; the other he passes down the descending vena cava into the right auricle. In this way he made experiments upon twelve sheep, and invariably found that the blood in the right auricle was from thirty-nine to forty degrees centigrade, whilst the temperature of that in the left was from one-half to three-fourths of a degree lower. In no single case was there the slightest doubt left in the minds of those present at the experiment.

Mr. Bernard says, that the difference in the results of the experiments carried on in this way, and those made upon dead animals, may be easily explained when we take into consideration that the walls of one side of the heart are much thicker than those of the other. The blood in this manner being able to lose its heat sooner when confined in the right cavity than when surrounded by the thick walls of the left.

The following experiment will prove this to be the true explanation of what takes place after the animal has ceased to exist. Place a heart in a vessel containing water at a temperature of forty degrees centigrade, fill its cavities with water of the same degree of heat, and then introduce into each a thermometer. Now if the heart be taken out, the thermometers remaining in their places, and be allowed to cool gradually, it will at once

be seen that the column of mercury in the instrument placed in the left cavity falls much less rapidly than in the other.

Mr. Bernard considers that the lower temperature of the blood contained in the left heart to be owing undoubtedly to the cooling influence of the atmosphere upon it in the lungs. His experiments were made in the summer, when the weather was very warm, but he intends to repeat them during the cold weather, in order to see if the diminution be in proportion to the changes of the air, or rather if there be a greater difference between the two sides of the heart in proportion to the higher or lower temperature of the atmosphere. It has already been said that the blood of man and other mammifera is not subject to much change of temperature. This is true, but only to a certain extent. Slight atmospheric changes produce but little effect upon it, but if the external air be warmed fifty or a hundred degrees above the ordinary heat of the blood, the temperature of this latter will be sensibly increased. If we take an animal and place it in a stove or oven, where the air is dry, and then raise the heat to one hundred degrees centigrade, it will be seen to respire rapidly for some time, until at last it suddenly falls dead. If the body be quickly opened and its blood tried by the thermometer, it will be found four or five degrees higher than under ordinary circumstances, and of a blackish color, both in the veins and arteries. Birds, the temperature of whose blood is generally from four to five degrees higher than in man, or about forty-four degrees centigrade, when submitted to the same experiment, also die suddenly. Singular to say, the increase of heat in their blood is in about the same proportion as when other animals die; that is from four to five degrees higher than normal. When the temperature of a muscle is raised several degrees above its normal heat, it looses all power of contraction; muscular contractility is destroyed. As, in the experiments above mentioned, all the muscles of the body, the heart included, are *bathed* by blood heated to this destructive degree, the sudden deaths are easily explained.

Pleuro-Pneumonia with Displacement of the Heart.

By A. Hart, M. D., *of New Orleans.*

The subject of this report, the daughter of a merchant of this city, aged fourteen of a *strumous diathesis* delicate frame and great constitu-

tional irritability, had undergone a course of alterative treatment by mercury and the salts of iodine, for glandular enlargement of the neck, and inflammation of the throat, of which she gradually recovered.

On the morning of the 11th of February, a short interval subsequent to this illness, my services were again required. She was suffering under high febrile excitement; pain in the left side, with difficulty of breathing; dry cough, and decubitus on the unaffected side.

On examination, there was dullness of sound, accompanied with feeble respiration. Diagnosis acute pleurisy with effusion.

In consequence of the debility and delicate condition of the patient, I did not think it prudent to institute general depletion.

The application of scarified cups, and the abstraction of as much blood as could be taken compatible with the condition of the patient was ordered, and followed with emollient poultices. Castor oil having been administered, and the bowels freely evacuated prior to my visit, calomel, in combination with Dover's powders, was given hourly, with the view of bringing her under the influence of the mercury, and preventing the morbid action which I suspected would likely obtain. Mucilage of flax seed, with camphorated tinc. of opium to allay the cough, was ordered freely.

On my return on the afternoon of the same day, there existed an aggravation of all the symptoms of the morning, with hot and dry skin, high colored and scanty urine, frequent and obstructed pulse, etc. Ordered for the night a fly blister to the affected side, ten by ten, to remain six hours, to be followed with flax seed poultice, and continuance of the powders of the morning, with inunction to the thighs and abdomen of ung. hydrarg. fort.

The anxiety of the parents was such as to urge them to solicit a consultation, with which I complied, and agreed to meet any medical confrère they should see proper to introduce. On the morning of the 4th of February, I met Dr. Wederstrandt in consultation. Effusion had taken place to such extent, that admeasurement gave on passing the tape around the thorax an increase of three-fourths of an inch on the affected side. On auscultation, a crepitant rhonchus was heard over the base of the lung, some ægophony accompanied with rusty sputa, caused by the engorgement of the pulmonary tissue, all of which clearly indicated a pleuro-pneumonia. Adhesions, the consequence of some former disease, was suspected between the costal and pulmonary pluera, which prevented the displacement of the lung. This suspicion was afterwards verified. The expansion of the lung being prevented by the suddenness of the effusion, some dispnœa and dis-

tress was occasioned, though with a partial cessation of the pain, so as to admit of a change of position. Distinct bronchial respiration was heard at different parts of the lung, leading us to the conclusion that our former surmise was correct, and that adhesions retained the lung in situ. These symptoms duly noticed, the following formula were carried out:

Pulo. jalapæ comp. one drachm in four parts, one to be taken every three hours, and infusion of the uva ursi, and juniper for common drink; dressing of the ung. hydrarg. to the blistered surface, inunction of the same to the abdomen and thighs three times daily; this treatment was continued for several days, with little or no diminution of the severity of the disease, although the remedies were well tolerated.

A gradual displacement of the heart was now observed, which induced us to a renewal of our visits three times daily; a course of stimulation was determined upon, and the following mixture ordered:

℞— Carb. ammon., ℥i.
Pulv. G. camphor, ℥ss.
Sy. tolutan, ℥ii
Mucil. sem. Cedon, ℥iv.

A tablespoonful hourly.

Strong animal broths, wine and porter, to enable her to resist the inroads of the disease, a continuance of irritating dressings to the side, with hydrg. sub. mur. in four grain doses hourly, in combination with opium, with a view to its constitutional effect. In despite of this active course, the effusion continued to increase, and threw the apex of the heart nearly into the right axila, where it remained for twenty days.

The pneumonia which ran into the second stage, was, in our opinion, controlled by the effusion, which prevented a fatal termination in the case. The treatment indicated was carried out according to the progress of the symptoms; opium, lactucarium, mercury, squills, digitali, purgatives of compound jalap, and irritating liniaments to the surface of the body, were continued until the 22d of March with very little advantage to the patient. She was however permitted to set up, which occasioned much fatigue, and allowed a generous diet.

On the 1st of April, a diminution of the left side was noticed, with slight crepitation over the lower portion of the lung. Absorption continued thence until she was enabled to leave the city for the Bay of St. Louis, where she gradually recovered her health.

I would state that an acute inflammation of the cellular tissue of the left mamma, which terminated in suppuration, gave great relief to the

chest. A slight persistent cough was followed by the mixture of the cyanuret of potassa, in combination with syrup of tolu.

I had the happiness within a few weeks of meeting my patient in apparent health. I was permitted an opportunity to examine her chest. The displacement of the heart was entirely reduced, her respiratory apparatus as good as at any former period.

The deductions arrived at in this case go to show that under the influence of youth, with proper management, the effects of this formidable disease may be overcome, though against the expectation of the experienced practitioner.

Aneurismal Lesions of the Capillaries.

By H. Galliet, *M. D, of Paris.*

The capillary vessels of the body form a system of special canals, distinct both from the arterial and venous; whilst at the same time they are continuous with them. Through them the blood is brought in contact with the different organs; here then we must look for all the ultimate phenomena of nutrition, etc. It is a study therefore most interesting to the physiologist and pathologist. From their very small size they may easily escape observation; and perhaps it is for this reason, that the lesions to which they are subject have remained so long unknown. They can only be studied by the aid of the microscope. Therefore all the positive knowledge we have concerning them dates back but a few years.

The alterations and changes brought about in the capillaries have been much studied; and many valuable publications on this subject have been given to the world. But what takes place in these vessels, in false membranes, wounds and accidental products, has not met with the same attention. I do not intend to supply this want of information; my only object is to make known as far as possible certain alterations in the form and structure of the capillary vessels which I have often met in certain tumors, false membranes, cicatrizing wounds, etc. In these capillary tubes all the different forms of aneurism, met with in vessels of a larger size, are seen; and as their presence coincided constantly with hemorrhages, either from an ulcerated surface or in the interior of tumors; in the substance of false membranes or on their free surfaces; in serous cavities, etc.; I thought

that this hemorrhage might be considered as an effect — that in fact it ought to be looked upon as a consequence of the dilatation and rupture of these vessels. This I shall now attempt to prove.

Persons prejudiced against *minute* anatomy and physiology may think that this subject is hardly worthy of so much attention; but at least it will have the merit of making our knowledge more perfect concerning certain kinds of hemorrhages; and at the same time prove that all are preceded by a rupture of the *vessel* in which the blood flows. In the development of these aneurisms, we pre-suppose a change in the form of the vessel, an alteration in its structure, and often of the blood contained within it. Before studying these, however, I wish simply to recall to mind the characteristics of the capillaries.

Their size is from six to seven thousandths of a millimetre. They are also remarkable for the uniformity of the *net-work* which they form by anastomoses, and to this net-work I wish to attract particular attention. Doellinger, who pretends to have always seen the blood discs, free from their vessels in the substance of an organ, denied the existence of walls to the capillaries: but this tunic was afterwards discovered and demonstrated by Kaltenbrunner. Its structure is very simple; constituted, in fact, by a pale amorphous or finely striated and very thin membrane, containing nuclei, and small nucleoli, of a very dark color. The nuclei are situated in the substance of the wall, bulging out both internally and externally; their larger diameter being placed either horizontally or perpendicularly to it. After the capillary gets to be of a certain size small circular, as well as parallel fibres, are added to it; but such vessels should rather be looked upon as minute veins and arteries.

Among the many who have studied the lesions of the capillary tubes, Virchow seems to have been the most careful observer, although he differs somewhat in his views and explanations. He divides the alteration of their forms into five classes: 1st, simple Ectasia or general and uniform dilatation; 2d, Ectasia varicosa or irregular dilatation; 3d, Ectasia Ampularia; 4th, Ectasia disseetans and Ectasia cavernosa. This classification, which embraces all possible change of form, is faulty in as much as it includes together with the capillaries the ultimate ramifications of the larger trunks. For this reason I would reject the fourth class; a dissecting aneurism cannot exist in a vessel the wall of which consists of but a simple membrane; it can therefore never be met with in the true capillaries. His fifth division is also open to objections, although it may sometimes be found in the capillaries as in nævus maternus, but this is an affection altogether different from those I wish to treat on. I will then admit but three kinds: 1st, the

general and regular dilation; 2d, the general and irregular; and 3d, the ampular. To the latter the fusiform variety belongs.

The general and regular dilatations is the oftenest seen, and may be considered in fact as the first degree of the other two. The vessel beginning to dilate in a manner more or less regular and uniform until at last one point yields more readily than another forming a sacciform aneurism; or the whole circumferenee may give way within certain limits, thus making a dilation of the third class. Often, however, instead of having this latter form regularly round, it is more or less fusiform or irregular. The same vessel may present the three varieties above described. When they affect a tube near its division into two or more, the aneurismal sac may assume the shape of a triangle, square, etc. This is often found in the vessels of false membranes, wounds, etc.; less frequently in tumors. To the classification above given I do not attach much importance, merely wishing to present to the mind certain types of form which these aneurisms assume in a more or less perfect manner. It is most natural to conclude that this change of form in the vessel is owing to some alteration in the texture of its walls. When a calcareous deposit is met with in the veins and arteries of old people, it is by no means rare to find it extending even to the smallest ramifications. In fact Köllicker and Pestalozzi, in such cases, found dissecting aneurisms of the smallest arteries of the brain; this is what Cruvelhier called capillary apoplexy. M. Robin, who has seen similar cases, found the wall at the point of dilatation to be considerably thinned, and to contain a number of granulations of a greenish yellow color, small, but forming a continuous layer over the whole part implicated in the aneurism, and disappearing above and below this point; the layer getting thinner, then dividing into distinct patches, which becoming smaller and smaller gradually disappeared. M. Robin has succeeded in finding the same alterations in the capillaries of the brain; their walls showing the presence of small fatty granulations. To such lesions he refers certain apoplexies of the finer tissues, as of the brain, liver, etc. (*Société de Biologie*, 1851.) Wherever a capillary undergoes any change from its normal shape, this granular deposit will always be found; and this exists to a marked degree in the blood vessels of fibro-plastic and cancerous tumors of rapid development.

It is remarkable that wherever this fatty, granular matter is found, the tissue becomes more fragile. Hence those cases of rupture of the heart, so well described by Quain, etc. It is therefore reasonable to conclude that in the capillaries a like cause would produce the same effect; and the facts above mentioned would tend to prove it so. The state of the blood as found

in these dilated vessels is variable; sometimes being coagulated and filling the tube as if it had been forced in artificially, particularly when the capillaries are large and much dilated; at others it is apparently normal. The vessels in tumors of a new formation, and particularly in those of a cancerous nature, have been well studied within the last few years by Laennec, Recamier, Berard, Cruvelhier, etc. M. Lebert's work on cancerous affections, and M. P. Broca's memoire on the same class of disease, (*mémoires de l'Academie de Medecine*, 1851, *Vol.* 16,) contain many interesting details on this subject. Concerning the development of the capillaries in false membranes, wounds, etc., there are two different opinions. According to the one, these tubes first appear as a net-work, perfectly independent of the general circulation with which it afterwards becomes joined. (Recamier, Cruvelhier, Kaltenbrunner, etc.) Lebert and Quekett, on the other hand, maintain that they are mere prolongations of the other vessels, anastomosing much more frequently than is seen normally. Without wishing to occupy much time in giving the *pros* and *cons* of this question, of no very great interest to us just now, as we are only studying the lesions after the tubes are fully developed, I would state that in all my observations I have never seen the capillaries unconnected with the common circulation. I therefore am inclined to adopt Lebert's opinion. It has been stated by several authors that encephaloid tumors do not contain veins; according to their idea, the arteries give off capillaries which ramify in the substance of the morbid growth, then unites again in one tube which pours its current, not into a vein, but into an artery. Van der Kolk, amongst others, holds this opinion; which originated from the fact that an injection thrown into the veins does not, in many cases, penetrate into the tumor, whilst a similar injection, if made through an artery, is perfectly successful. But this is altogether owing to an obliteration of the venous tubes; for many cases are on record, and I myself have seen some, where the one method was as successful as the other. M. M. Robin and Lebert proceed by injecting the venous and arterial systems at the same moment, one injection being composed of a yellow fluid (veins) the other blue. These two liquids mix in the capillaries forming a third color (green). M. Broca insists much upon the fact, and with reason too, that the structure of the capillary walls, as seen in these tumors, is exactly the same as in the normal vessels. The only difference being that their diameters are more variable. They are situated the same as in the healthy tissue, and are the means of communication between the arterial and venous trunks.

These vessels, which we have a right to conclude to be true capillaries, are found both in the encephaloid and scirrhous tumors, though fewer in

the latter class. It may be laid down as a general rule that the sickness of the capillary vessels is in direct proportion to the consistence of the tumor. If hard the vessels are few; if soft, it will be furnished with a large number. In fungous haematodes we have the maximum of capillary circulation.

To these lesions of the capillaries are referred all hemorrhages happening either on the ulcerated surface, or in the interior of morbid growths. Up to the present time, most authors have looked upon these ruptures as dependant upon the thinness of the walls of the vessels; for they were ignorant of the aneurismal dilatations to which they are subject. Although these lesions are frequently seen, yet we must not expect to find them in all cancers and other tumors, for they depend in a measure upon certain changes in the pathological tissue itself; these changes I shall now attempt to describe. The capillaries may be found dilated when the cancer is soft and very vascular. In hard tumors they are not often seen, and only then in the softest spots of the whole mass. But wherever there is great vascularity of an encephaloid, or other tumor, we not only find aneurismal deformations of the vessels, but every variety of dilatation may, and is, often met with in the same proportion, the diameters being in direct proportion to the degree of softness of the surrounding substance. In the centre, where this is generally greatest, the capillaries are largest, and with aneurisms of every form; but where the tissue is more solid, these tubes are found smaller and with a more regular outline. It is easy to see how, in such an arrangement of the blood-vessels, where the circulation is carried on with so much difficulty, the slightest cause may rupture these aneurismal sacs, and in consequence produce hemorrhage. This, in fact, is often observed, especially in the softer parts, which at the same time are generally the most vascular; thus forming those spots in tumors called local apoplexy. These are always found in the course of a capillary vessel, which often terminates in them, forming as it were the two poles. They vary in size from that of the head of a pin to that of a large pea, and are easily distinguished from the small aneurisms in their neighborhood. Thus, the color which is deepest in their centres becomes lighter towards the periphery, until it seems but a simple ecchymosis; in aneurisms, on the contrary, the color is the same throughout the whole mass; and a careful dissection in the latter case will demonstrate the existence of a wall; and its absence in simple apoplexies. As these two lesions are generally met together, even in the same parts of a tumor, it is absolutely necessary that we should be able to know in what they differ from each other. Besides these smaller

aneurisms, we often find in encephaloid cancers, and especially in those which have been rapidly developed, large apoplectic clots, of irregular shape, etc.; in fine answering to the same descriptions as are given in cases where the brain is the seat of the lesion. Sometimes the blood in these latter may be found of a dark color and only semi-coagulated, at others there may be a collection of fibrine floating in bloody serum, or again the serum and fibrine may be absorbed, leaving a simple cyst, lined by a smooth and polished membrane. A case of this kind I once saw in a cancer of the liver; it is the only one I ever met. Most often we find a kind of brown slushy matter occupying the place of the normal elements, formed of the altered blood globules, free hæmatin in a granular form, fibrine and a certain proportion of serum. Such is generally seen in encephaloid tumors of the testicles, and it seems to be owing to the hemorrhage taking place at intervals, from the opened mouths of the same vessels. One tumor may contain several of these apoplectic collections, each perhaps differing from the others, but all coming under some one of the descriptions above given. An attentive microscopic examination of the walls surrounding these clots, will readily let us into the secret of the mechanism of all such hemorrhages. Although this study is made much more difficult by every element being more or less tinged with red, yet it is easy enough to recognize the presence of capillary vessels dilated into every form of aneurism above described, some empty, and others still distended with blood. Often we may see several of these tubes, irregularly dilated, collected together, and suddenly disappearing in some small sac or passage communicating with the principal cavity. Upon the walls of this latter very minute dark spots, formed by the escape of a very small quantity of blood from some of the smallest sized capillaries, have been noticed. It sometimes happens that the substance (cancer especially) in which the hemorrhage takes place, is not sufficiently consistent to permit the formation of a cyst. In such cases the whole mass becomes of a blood red color, soft, fragments of the cancer floating almost loose in the blood, being at times attached by two, or even only one part, of its surface to the capillary vessels.

[*To be continued in following numbers.*]

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Continued from last Number.]

NO. XVII.

Tertiary Syphilis.—We now come to the consideration of *tertiary syphilis,* which we have defined to be those syphilietic affections which generally occur in the sub-cutaneous or sub-mucous cellular tissue, in the structure of bones, fibrous textures, lymphatics, testes, or in the liver, lungs, brain, heart and muscles, as for example *tubercules, tumeurs gommeuses,* periostitis, exostosis, caries. John Hunter treated of these symptoms under the head of secondary syphilis, but that original observer was well aware that there existed a difference between the earlier and later manifestations, for he sometimes involuntarily called them "symptoms of the second period of constitutional syphilis." We are authorized, I think, in classifying these symptoms under a different head, for although they depend upon chancre, they follow it after a longer period, they are seated in other and deeper tissues, they require a different treatment, *cannot* be transmitted from mother to child, but are directly capable of producing in the offspring a scrofulous diathesis.

In the natural evolution of syphilis, when no treatment has been resorted to, tertiary symptoms appear about the sixth month, dating from the primary sore. When that term is passed, there is no limit within which the tertiary symptoms may be included, they may come on after many years: secondary symptoms invariably precede them.

Though the skin may be the seat of tertiary symptoms, still they are much oftener found to exist in the sub-cutaneous or sub-mucous cellular tissues, and in the fibrous or osseous system. A fact worthy of observation is that serous membranes remain free from tertiary lesions.

In the description of tertiary affections, we will make use of the same order which was adopted in treating of secondary symptoms, that is, describe each tertiary lesion with all its peculiarities, and then sum up the general diagnosis, prognosis, and treatment.

Syphilitic Sarcocele.—This affection of the testicle has been described under various names, such as venereal affections of the testicle, orchitis, etc. I have called it albuginitis, but for the sake of clearness, I prefer the name of syphilitic sarcocele.

Of all tertiary lesions, syphilitic sarcocele makes its appearance the soonest; it may be called a symptom of transition between secondary and tertiary symptoms. It may come on from five to six months after the primary sore, even during the existence of late secondary symptoms, but generally it begins a few months later, and especially when a mercurial treatment has been directed against the secondary symptoms.

Although this affection was known to Astruc, Bell, and Hunter, we are indebted to Astley Cooper and Dupuytren for full and correct description of it.

The disease is generally ushered in without any premonitory symptoms. It may be announced by slight nocturnal pains in the loins, but these are exceptional, so much so, that it generally comes on and reaches a great development quite unperceived by the patient, whose attention is only called to the organ by an increase in its size and weight. Syphilitic sarcocele begins in one testis generally, and successively invades both of them, or it may manifest itself in both at the same time. It begins either in the tunica albuginea or in the parenchyma of the organ, and unless it be complicated with epididymitis, the *vas deferens* and epididymis are never implicated, no matter what development the tumor may attain.

The disease commences in the body of the testicle; two or three points are generally attacked at once; up to this time the organ retains its normal shape and aspect; but if the testicle be pressed quite a sharp pain is felt; and if it be well isolated from the scrotum, thin, hard, and fibrous zones will be noticed surrounding its body. If the disease be allowed to proceed, the engorgement increases, the whole body of the testicle becomes involved, and the tumor is felt homogeneous, hard, resisting, and pyriform. The tumor sometimes attains to considerable size, but is never equal to that which the organ may attain in encephaloid cancer. Syphilitic sarcocele presents to the touch a hard elastic sensation; the organ becomes heavy, and by its weight produces traction upon the spermatic cord, which gives rise to those pains in the groins and lumbar region which are so often felt.

The progress of syphilitic sarcocele is mostly slow, indolent—sometimes it may be sub-acute; I have seen it, however, assume a very acute form when complicated with epididymitis, so much so, that it could hardly be distinguished from ordinary orchitis. It may last for months—for years, as it is very difficult to define its beginning, it becomes nearly impossible to limit its duration; it might, so far as we know, march on indefinitely.

Resolution is the common termination if well treated, and then the

testis returns to its normaal state; and this, always when the alterations are only partial, or when the proper introduction of the medicine prevents the destruction of the seminiferous ducts. Sometimes, however, there is a powerful resolution of the plastic matter after the testis has attained a certain volume, and atrophy is the ultimate result—atrophy of the testicle is a necessary termination of neglected or badly treated syphilitic sarcocele. It sometimes happens that the diminution in size of the organ in this disease is the first symptom which strikes the attention of the patient; so much so, that some physicians, among whom I may mention Vidal, think that atrophy of the testicle is a symptom of constitutional syphilis. But when we come to consider that partial or total albuginitis may supervene, even without the testicle's having become much enlarged or painful, it will be easy to conceive how these observers were led into error.

We can positively affirm that uncomplicated syphilitic sarcocele never brings on suppuration, whereas cancer, tubercular degeneration of the testis, and gummy tumors of the scrotum often produce it. Sometimes albuginitis, after having produced an enlargement of the testicle, becomes quite stationary, and all the means in the world will not make it recede; in such a case the spermatic vessels are replaced by a nodulated tissue, which has entirely annihilated them, and the fibro-plastic degeneration turns into a cartilaginous, and sometimes into a calcareous substance which surround the body of the testicle in the form of a shell. In this disease the genital functions are impaired, the erections become less frequent, the venereal appetite less imperative; the seminal secretion is also altered; it diminishes in quantity, the animalculæ become less as the lesion becomes more extensive, and finally, may disappear altogether with the other elements of the sperm.

Syphilitic sarcocele being essentially a curable disease, the chances of studying its pathological anatomy have of late become excessively rare. It has been my good fortune, however, to make several dissections of the testicle affected with albuginitis, and I have always found, as I have already stated to you, that the disease lay in the *tunica albuginea*, and the cellulo-fibrous parenchyma of the body of the testicle; that it was constituted by a fibro-plastic matter which affected and finally destroyed the seminiferous vessels.

Diagnosis.—The differential diagnosis of syphilitic sarcocele, owing to the great progress of science, has been rendered comparatively easy; the only affections which can be confounded with syphilitic sarcocele, are

tubercles, cancer, and some idiopathic diseases of the testicles. It cannot be confounded with epididymitis, which always attacks the vas deferens and epididymis, and is always preceded or accompanied by blennorhagia; the progress of the last disease is acute and well defined, and its duration limited. It is an easy matter to distinguish epididymitis from syphilitic sarcocele, but it is difficult to establish clear distinctions between the latter and tubercular and cancerous affections of the testicles. We must aid ourselves in that case by inquiring into the antecedents of the patient; by noticing its simultaneous or successive existence in both testicles; by establishing the perfect integrity of the vas deferens and epididymis. In syphilitic sarcocele the veins and lymphatics are never implicated as in cancer and tubercular diseases, again the pains in the former disease go on diminishing as the affection increases, which is the contrary in cancer and tubercle. Our suspicions excited, it is always easy to re-ascend by a chain of evidence to the primary accident, which has been the starting point of all the phenomena.

Plastic sarcocele occupies, distinctly, the body of the testicle, while the tubercular disease generally begins with the epididymis, and the vas deferens and prostate gland soon participate in the mischief. Cancerous sarcocele generally begins in the body of the testis, but the cord and lymphatics usually suffer; the tumor is regular and uniform at the beginning, but becomes nodulated and irregular as it proceeds; syphilitic sarcocele on the contrary is nodulated at the outset, tends as it goes on, to uniformity in shape. Syphilitic sarcocele is sometimes painful at the outset, the testis feels heavy and dragging, but is less annoying as the disease goes on; the tubercular and cancerous sarcoceles begin insidiously, but become very painful as the disease progresses. The cancerous and tubercular affections will inevitably suppurate and ulcerate; syphilitic sarcocele never suppurates, on the contrary, and when it has lasted a certain time its size diminishes; or the tumor may remain stationary and undergo a fibrous, or fibro-cartilaginous, or osseous transformation.

Formerly very little trouble used to be taken as to the diagnosis of these various affections of the testis, and when a practitioner was puzzled about the nature of a tumor in the scrotum, the mercurial treatment was resorted to, in order to ascertain whether it was of a syphilitic nature or not. It is easy to conceive how often they must have been frustrated in their attempts.

Prognosis—Plastic degeneration of the testicle is not a very dangerous

affection, in so far that it does not endanger the patient's life. If we look upon it as producing certain peculiar and very disagreable modifications of the organ, it becomes rather a serious matter; but the prognosis will vary greatly, according to the time the treatment is begun. It may, in general, be said, that the more the plastic degeneration is recent and circumscribed, the less serious it is. If, however, while the patient is being treated, and resolution is going on, the hard nuclei are observed to retain their induration, the ultimate result should then be looked upon with distrust; for in many of these cases, there is a total destruction of the substance of the testicle, and an actual atrophy has taken place. But if on the contrary, the normal consistence and elasticity return in the same ratio as resolution is going on, the prognosis will be favorable. We should bear in mind that when syphilitic sarcocele has reached a certain period, the plastic matter may become organized, and that therapeutical means have then no longer any power over it. It, in this respect, resembles ivory exostosis, in which it is known that no medication in the world will promote resolution.

The treatment of this affection, will be spoken of under the head of general treatment of tertiary syphilis. I wish, however, to say one word in favor of the iodide of potassium. This remedy has been accused of producing atrophy of secreting organs, and of the testicles in particular; the effects of the disease have been mistaken for those of the remedy. Atrophy, as I have already proven, depends upon the former, and not upon the latter, For when we have only one testicle affected with syphilitic sarcocele, and the iodide of potassium owing to some circumstances has not been able to cure the disease, atrophy only takes place in the diseased organ. We can readily understand that in disease, the testicles, like other organs, may become emaciated; but with health, their size and plumpness re-appear. This is not atrophy.

[*To be continued in following numbers.*]

Glycerine as an Internal Remedy.

By J. L. Crawcour, M. D., M. R. C. S.

Gentlemen — As I believe that glycerine as a remedy for internal use is almost unknown, and as in my hands it has proved a very efficacious

agent, I wish through you to endeavor to introduce it to the profession as a remedy well deserving of trial. In a recent article in the "Chemist," for October, 1854, there is the result of some experiments by MM. Cap and Garot on the use of glycerine as an excipient in the preparation of remedies for external use, and they conclude by saying "that as soon as they are satisfied of its power of being used internally, without injury to the patient, they intend still further to try its powers as a solvent for many substances." As a simple excipient, it is superior to any, its powers being intermediate between water, alcohol and oil, a large number of substances only soluble in one of these three media, being soluble in glycerine and not separating by the addition of other fluids. But what I wish to draw attention to particularly at present, is the *special* action of glycerine on the economy, and the perfect safety with which it can be used as an internal remedy. For the past twelve months I have used it in every case of disease where formerly I should have used cod liver oil, and with superior benefit; for while it seems to possess all the remedial virtues of this latter agent, it is its superior in taste, in not disordering the digestion, and in its property of combining with any other remedy.

In several cases of phthisis, of scrofulous disease generally, in mesenteric disease in children, I have used it largely and successfully; and in children, its sweet and agreeable taste gives it a great advantage over cod liver oil, the only agent I can compare it with, in its therapeutic action. In addition to its special anti-strumous property, I find that it materially aids in the assimilation of salts of iron, especially of the iodide, and I now rarely order either iodine, or the iodide of iron, without combining them with glycerine. Quinine also, is soluble in it, without the aid of sulphuric acid, and to some slight extent is divested of its bitterness.

The dose in which I usually administer it is from one to three drachms three times daily, in an ounce of water; in from one to two drachms, it, in a short period, relieves the cough, improves the digestive powers, and appears to increase the fat-producing principle in phthisical patients; in larger doses it has in a few instances produced nausea; it is, however, essentially necessary to its successful employment that it be obtained pure, and this is a matter of some difficulty, for it is ordinarily the result of the preparation of the common lead plaster, and consequently contains traces of lead, but by the process of Dr. Morfit, who decomposes lard, or oil, with hydrate of lime, it can be procured chemically pure, and at a very cheap rate. Should my communication induce other physicians to try it, the purpose of my writing to you will be answered, as it will be an equal boon to the physi-

cian and patient, if a remedy can be discovered equal in properties to cod liver oil and without its nauseous taste and smell.

I have recently tried it as a solvent for phosphorus, which latter we have hitherto hardly been able to use in medicine, as its solution in oil is so nauseous that we can rarely induce patients to swallow it, and its solution in ether is so dangerous that I question whether any physician of ordinary prudence would prescribe it. But in glycerine, it is not only nearly as soluble as in oil, but is miscible with water in all proportions, and is comparatively tasteless and odorless. About two grains dissolve readily in an ounce of boiling glycerine, and from experiments on myself, I consider it a powerful and a valuable stimulant. Of the above solution, which, after the nomenclature of Messrs. Cap and Garot, I would call the glycerole of phosphorus, I took one drachm in a wine-glass full of water, with which it intimately blended; there was hardly any taste or smell, and it did not produce those garlicky eructations said to be the result of the phosphorus in oil. Its effect on my system was that of a stimulant, in about half an hour the pulse became quickened, both at the wrist and at the temples, the cheeks flushed, the skin became warm and suffused with moisture, there was a certain amount of mental excitement, and after a short time there occurred a feeling of oppression at the præcordia, accompanied by palpitation of the heart, while after a certain time the cerebral excitement was followed by a slight feeling of confusion, accompanied by sleeplessness. Each time that it has been taken in this dose, it has, on myself, produced these same effects. I therefore look upon this quantity as excessive, and would suggest that if this remedy be used, it should be in doses ranging from ten to thirty minims. It may be combined with any other drug, and I look upon it as a valuable addition to our list of therapeutic agents, not that the use of phosphorus is new, but hitherto it has been excluded from us from the difficulty of finding a proper solvent — this now, I believe, has been discovered in glycerine. Should my experiments lead me to any new or interesting facts, in connection with these substances, I will communicate them to you.

Excerpta.

On Digestion of Fatty Matters by the Pancreatic Juice—*by S. Jackson, M. D., Professor of Inst. Med. in the University of Pennsylvania.*—The different digestions or chemical processes to which the different kinds of food—albuminous, oleaginous, saccharine, or amylaceous—undergo in the alimentary canal, have been the subject of repeated investigations and experiment since Spallanzani first demonstrated them to belong to the domain of chemico-physical science.

Prout determined the differences in the nature of the alimentary substances. His observations were followed by the more accurate researches of Mulder, Dumas, Becquerel, Liebig, and the pupils of the Geissen school. They investigated the chemical elementary composition, the modes of production, decomposition, metamorphosis, and other relations of those substances. The way was thus opened for acquiring a more correct knowledge of the kind of chemical process, or digestion, appropriate to each kind of aliment, and the seat or organ in which it occurred.

Approximations are being made to the solution of these interesting problems, which are not devoid of practical importance. They still remain unsettled and obscured from the conflicting statements, as to facts, of different observers, entitled equally to confidence from their intelligence, skill, and truthfulness.

It is not my intention to enter on the general question of the alimentary digestions. I shall confine myself to one alone, that of the oily or fatty matters, respecting which there exists opposing statements as to the observation of a simple phenomenon, which is, however, the principal fact of the process.

MM. Cl. Bernard and Bousingault, and Bouchardat, and Sandras, have shown that these substances were converted into an emulsive fluid. This emulsion, absorbed by the lymphatics of the villi (to which the term lacteals, in my opinion, alone is properly applicable), constitutes the milk-like fluid, named chyle, found in the lymphatics of the mesentery after a meal containing oleaginous principles; and at no other time. If the term chyle is restricted to this milk-like fluid, which gave origin to it, then chyle is not the general product of digestion, as it is generally supposed to be, but is the fatty matters of the food in a state of emulsion, and nothing more.

Subsequently, M. Cl. Bernard demonstrated that this emulsion is produced by the action of the pancreatic juice: and he assumed it to be the essential agent in its formation. This demonstration appeared conclusive, from one of the most neat and beautiful observations in physiology.

It is known that in the rabbit, the insertions of the hepatic and pancreatic ducts in the duodenum, are separated by an interval of near six inches. M. Bernard availed himself of this fact to observe, in nature—in situ—the seat and act of the conversion of fats into an emulsion. He accordingly introduced into the stomach of a rabbit, after fasting, some oil along with green food, and after the lapse of a period of time, not related, the animals were opened, and the intestine exposed. No chyle or emulsion of fats was found in the mesenteric lymphatics at and below the opening of the hepatic duct, while they were distended with the chylous or fatty emulsion at and below the insertion of the pancreatic duct. Further, when the pancreatic juice is added to sweet-oil or other fluid fat an emulsion is instantly produced; and this emulsion is very perfect and permanent. The conclusion from this experiment was, that the emulsion of the oil was the immediate result of the action of the pancreatic juice.

The correctness of this observation of M. Bernard, has been denied by MM. Bidder, Schmidt, Lehmann, Donders, and Herbert. It is asserted that M. Bernard was misled by not properly timeing his observations. It is stated that if the animal be examined one or two hours after the ingestion of oil in the stomach, the lymphatics between the biliary and pancreatic ducts are then tinged with

white fatty emulsion, which, consequently, is formed independant of the pancreatic fluid. When the examination is delayed for five or six hours after the introduction of the oil into the stomach, it is alleged that the emulsion formed in the upper portion of the duodenum has then descended, and the portion absorbed has disappeared from the lymphatics, having passed on to the thoracic duct. By this time, the emulsion having reached the region of the pancreatic duct, and passed into the jejunum, the lymphatics of the mesentary of this part of the intestines are necessarily turgid with emulsified fat. It is inferred, therefore, that M. Bernard did not examine the animals on which he experimented under the period of five or six hours after giving the oil, and was thus led into a misrepresentation of the true character of the phenomena.

This simple fact, it would seem, ought to be settled without difficulty; but the reports of those who have observed the phenomena are entirely adverse to each other. My engagements in the practice of my profession interfere with experimental researches, they prevent the application of time requisite to success in experiments. Dr. James Corse obligingly offered to perform the experiments for me, submitting to my observation the phenomena on the opening of the animal.

The following are the results of his observation:—

A number of rabbits were procured. They had been fed for some days on hay. Four of them were deprived of food for three days. Three drachms of fresh sweet-oil were then introduced into the stomach of each animal, through a tube, successively, at nine, ten, eleven, and twelve o'clock, and immediately fed with some peas. At 2 P.M., varying from five to two hours after giving the oil, they were made insensible with sulphuric ether, the abdomen opened, and the intestines and mesentery spread out.

In only one had any emulsion of the oil been formed. In that one the mesenteric lymphatics, commencing half an inch below the pancreatic duct, were turgid with white emulsive fluid. Not a single lymphatic could be seen in the transparent mesentary between the pancreatic and hepatic ducts.

On examining the stomachs, they were found distended, in each rabbit, with a green, comminuted mass of vegetable matter, which must have proceeded from the hay on which they had been fed, and had remained undigested. In one, a portion of the oil was free in the stomach. In all the others, most of it appeared to have been absorbed and retained by the large and vegetable bolus filling up the stomach.

The above experiments indicate a source of fallacy in making this observation. The food on which the animal has fed may interfere with its passage through the stomach, and cause a longer retention of it there than is suspected.

Second Series of Experiments.—To obviate the cause of failure in the preceding experiments, the remainder of the rabbits were fed for eight days on green cabbage. It was found that they suffered, and two died, under this exclusive aliment. It was necessary to add wheat-bran, which was eaten with avidity and soon restored them to a good condition.

Four more were selected and kept without food for two days. They were then fed with cabbage saturated with sweet-oil, at intervals, from 9 A.M. until 2 P.M. In this manner oleaginous matter was constantly entering the digestive apparatus for five hours, until the moment of observation. If oils are emulsified in the stomach or duodenum, independant of the pancreatic juice, the lymphatics above the connection of the pancreatic duct, would, of course, be found to contain the emulsion.

The animals were destroyed by the same process as in the foregoing experiments.

The first rabbit was feeding up to the time it was killed. The lymphatics between the hepatic and pancreatic ducts were invisible, except two, from four to six lines above the pancreatic duct. They appeared as faint white lines. Below the pancreatic duct they were distended with chyle.

The second rabbit, under the same circumstances, presented the same appearances. No chyle was contained in the lymphatics until within a few lines of the pancreatic duct, where two or three were faintly visible. Below the duct they were turgid with chyle.

The third, a well grown rabbit, gave precisely the same results. There was no

appearance of chyle in the lymphatics of the mesentery, except within a few lines of the pancreatic duct, while below they were well filled with the emulsive fluid.

The fourth, also a large, strong animal, presented corresponding appearances. No chyle in the lymphatics, from the commencement of the duodenum until within a few lines of the pancreatic duct; below it they were distended with milky emulsion.

The above experiments corroborate the observations of M. Cl. Bernard, as respects the phenomenon in rabbits, and do not accord with the statements of the German physiologists, MM. Bidder, and Schmidt, Lehman, and Frarichs.

An experiment relied on by MM. Schmidt, Bidder, Lehmann, and Frerichs, in opposition to M. Cl. Bernard, is wholly inconclusive. After tying the pancreatic duct in one instance, and the small intestines below the pancreatic duct in another, milk, or milk with olive-oil, was injected into the intestines. "and the lacteals were filled with white chyle." This was to be expected. What is the necessary condition for the absorption by the lacteals of the villi of fatty substances?—That they exist as an emulsion. Milk is a natural emulsion, holding a fatty substance (cream) in suspension, and consequently in the condition for absorption. Milk forms an emulsion with oils, and creates the same condition. Still more extraordinary is the experiment of Frerichs, quoted against M. Bernard by Lehmann, in which he injected an *emulsion of oil and albumen* into the ligated intestine, and its absorption was considered as a refutation of M. Cl. Bernard's doctrine.

The albumen of egg forms a most perfect and a persistent emulsion with oils. The pure pancreatic juice does the same. This I have witnessed, and can state that the oil does not "soon separate again on the surface," as Lehmann asserts. The pancreatic juice, as Lehmann shows, differs very slightly from pure albumen. No other intestinal fluid possesses this character so strongly, and no other is as well adapted to emulsify the fats of our aliment.

The cystic bile is viscid from containing a larger amount of mucus derived from its mucous membrane, and by agitation forms an emulsion with oils. This emulsion has always appeared to me very inferior to that obtained from pure pancreatic juice, or albumen of egg. Neither is it as persistent, the oil beginning in a few hours to separate. The hepatic bile is much thinner and contains much less mucus. It is unknown whether it will form an emulsion with fats. It may be considered as very doubtful. No positive facts are known as to the quantity of cystic bile that enters into the duodenum during digestion. The probability is, that it is very small in comparison to the amount of freshly secreted hepatic bile coming directly from the liver. This gives additional confirmation to M. Bernard's doctrine.

The liquid albuminose resulting from the digestion of the albuminous principle of the food, which is found often in the intestinal canal during digestion, may, from its accidental presence, concur occasionally in the formation of the emulsion of oils. The pancreatic juice is, in the present state of our knowledge of the facts, the only intestinal humor that can exercise this office as a permanent function.

I recall a circumstance, now some twenty years past, an interesting fact in this discussion, which, at the time, was inexplicable. I assisted Dr. John Webster, late Professor of Anatomy in Geneva Medical College, in the autopsy of one of his patients, who had died after long suffering, and in a state of extreme marasmus, from severe and intractable dyspeptic symptoms. Cream had been the principal nutriment for several weeks, as rarely any other food would be retained. The disease proved to be a scirrhus of the pancreas. The colon was filled with a large quantity, some two or three pounds, of a yellow fatty substance, resembling a mixture of yellow ochre and butter. A large proportion of the fatty bodies of the cream had undergone no emulsive action from the absence of the pancreatic juice, and were not absorbed.

M. Cl. Bernard came to the conclusion that the fats were decomposed by the pancreatic juice. This is not probable. The emulsion of fats is a physical, not a chemical process. It consists of the mechanical division of fats into the minutest globules,, each coated with a delicate film of the emulsifying body—albumen in

chyle—casein in cream. If the experiment of Bouchardat and Sandras be correctly reported, it is conclusive on this point. They gave to a dog a considerable quantity of sweet almond-oil. After some hours the animal was killed. Some of the oil, unchanged, was found in the stomach and intestines. The lacteals were filled with white chyle, as also the thoracic duct. A portion obtained from this last was treated with sulphuric ether, and the almond oil was obtained unchanged in its properties.

The principal fact relied on by the above German physiologist to controvert M. Bernard's theory of fatty decomposition by the pancreatic juice, is of no value. Butter was given to cats and dogs, and butyric acid was sought for, but not found in the intestines. This is considered as proof that the butter was not decomposed. It proves nothing of the kind. Butyric acid readily decomposes It cannot resist the activity of the numerous chemical reactions at work in the alimentary canal during digestion. Lactic acid is being formed incessantly in the lungs and intestines from the metamorphosis of glucose, sugar, and starch; it is as speedily decomposed. The same occurs with the bile. In the fecal matters, in a normal state of the bowels, very little of the biliary constituents, other than the coloring matter, is to be found. The conjugate hiliary acids—glyco-cholic and tauro-cholic—disappear and are destroyed. Glycocol is not found; taurin, occasionally detected in the middle of the alimentary tract, disappear at the lower portion. The albuminous materials of the food that pass beyond the stomach, are metamorphosed in the intestines. In this conflict of molecular and chemical reactions, it would be impossible for butyric acid to exist. Its absence is no evidence that it was not eliminated.

The strongest objection to M. Bernard's doctrine is, that in an emulsion of oil formed with pure albumen the fatty body is not decomposed. An emulsion is a physical, not a chemical process.

It consists in the reduction of oil to the minutest particles—globulets—each covered with a coat of albumen when it is the emulsifying body. This is all that is required to impart to fats the capacity for absorption into, and their passage through tissues.

The adoption of M. Bernard's doctrine involves an inexplicable difficulty. If the neutral fats are decomposed by the pancreatic juice before, or at the time of absorption, as they are found to exist in the adipose tissue in their original state of neutral fats, they must be recomposed again in the blood, or at the instant of their secretion, To accomplish this change, there must be a generation of oxide of lipyl and glycerin, the bases of neutral fats. It is difficult to understand how it can occur. It is true, Mulder has offered a very ingenious hypothesis to show the possibility of the formation of those bodies, in the economy, from lactic acid. But the whole matter is so entirely hypothetical, in its present state, that it does not comport with the more rigid canons of modern medical philosophy, and cannot be accepted.

The state of our knowledge may be summed up in the following conclusions:—

1. Liquid fats are not miscible with the aqueous albumino-saline fluid—liquor sanguinis—with which all the vascular tissues are saturated; it cannot enter their pores, and consequently cannot be absorbed.

2. Liquid fats, when emulsified by albumen, are reduced to minute particles, each coated with albumen. In this state they are miscible with the liquor sanguinis, moistening the tissues, can enter their pores, and are then capable of absorption. This is the sole condition requisite for the absorbtion of fats.

3. The white milk fluid, named chyle, is this emulsion of the fatty matters of the food mixed with the ordinary lymph always contained in the lymphatics of the alimentary canal, and other abdominal organs and mesentery. The molecular base of Gully is the microscopic appearance in the chyle of the minute globulets of fat coated with albumen.

4. Albumen forms a perfect and persistent emulsion with oils. The pancreatic fluid is a saturated albuminous solution, and forms with oils an emulsion equally as perfect and permanent as that of albumen.

5. The pancreatic juice is the only highly albuminous fluid in the alimentary canal, that can accomplish the formation of a perfect emulsion; and the opinion

of M. Cl. Bernard, that this process is one of its functions, is, it appears to me, sustained.

6. The observations of M. Cl. Bernard, that the formation of the emulsion of fats in rabbits, is at and below the pancreatic duct, and not above it, is confirmed by the experiments reported in this communication. And, further, that the experiments on rabbits are the most reliable, as being a true exemplification of the natural process, unattended with violence and torture to the animals, more or less disturbing in their effects.

7. That M. Cl. Bernard's view of the decomposition of fats by the pancreatic juice is not proved, is opposed by the nature of the process, and by analogy with other emulsions: it is unnecessary to the accomplishment of the absorption of fats, and introduces other and complicated processes that are unknown to exist, and are mere hypotheses.

Habitual Presence of Sugar in the Urine of the Aged.—During the great impulse which investigations into the characters of the excretions have received in the present time, we ought to be certain that some principles discovered are really due to a pathological condition, and do not under some circumstances exist normally. M. Bernard has shown that sugar may be physiologically produced by the liver; and the question is, what becomes of it? M. Reynoso has suggested that it is destroyed by pulmonary combustion, and that when the respiratory function becomes impeded, it will be found excreted in the urine. M. Dechambre, taking up the question at this point, argues that if insufficient hæmatosis gives rise to glucosuria, we ought to meet with this in the aged. He refers to the well-known researches into the condition of the respiratory organs of the aged, carried on by himself and M. Hourmann, at the Sallepetriére, and described in the Arch. Gen., 1835. There existed lateral depression of the thorax, projection of the sternum forwards, rigidity of the cost-vertebral articulations, ossification of the cartilages, and a rarefied condition of the pulmonary parenchyma, in which the cell walls were found thickened or ruptured, and the basillary vessels obliterated. The defective hæmatosis which results from these physical changes, should, then, favor the production of glucosuria; and experiments performed upon the urine of a considerable number of aged women of the Sallepetriére, have so constantly exhibited it, that M. Dechambre considers himself justified in asserting that sugar exists habitually in the urine of the aged, although its presence there may be posssibly explained upon some other hypothesis.—*Brit. Med. and For. Chir. Rev.*

Intermittent Fever Cured by Venesection in the Foot.—Dr. Brugier has lately published, in the *Revue Thérapeutique de Med.*, four very remarkable cases of cure of obstinate intermittent fevers by bleeding from the foot, at the onset of the paroxysm, in which the most rational methods of treatment had been in vain employed.

Case I.—A quartan fever, which had lasted for more than a year. After preparing the patient by several days' regimen, a hot pedilurium was ordered a quarter of an hour previous to the time at which it was supposed the paroxysm would recur. As soon as the yawning, shivering and headache came on, a vein was opened in the foot. The chilliness soon diminished. The patient was placed in a warm bed and plentifully supplied with hot drinks. A gentle warmth came on, and was followed by moderate perspiration. The paroxysm lasted but a short time. The ague did not return.

Case II.—Quartan fever of upwards of a year in duration. Same preparation, same treatment. The hot and cold stages were shorter than in the first case, and the fever did not recur. The phenomena of miasmatic cachexia rapidly disappeared.

Case III.—Quartan fever of eight months' standing, with cachexia. Fourteen ounces of blood were taken from a vein in the foot. The cold stage was short, the

fever less intense, sweating less profuse. No relapse, and the general symptoms rapidly ameliorated.

Case IV.—Quotidian ague of many months' duration, interrupted and definitely cured by venesection in the foot, preceded by the indispensable foot bath.—*Virginia Medical and Surgical Journal.*

Acute Traumatic Tetanus Successfully Treated.—Dr. James M. Minor, surgeon to the Brooklyn City Hospital, reports this case to the New York Medical Times. The remedy which seemed to have the most beneficial influence was the *hop bath*, "made by infusing two wash-basins of hops in boiling water, and put into the bath; the bath tub to be covered, (except a small space over the face,) with a counterpane or blanket, causing the patient to breath as much of the vapor as possible. In concluding, the author makes the following remarks:

1st. The case was one of most violent and acute tetanus, from a very aggravated cause, in a large and powerful man, and one of intemperate habits.

2d. The disease was in its seventh day; scarcely anything had been done to check its progress.

3d. The treatment, as in almost all cases of extreme severity, underwent a variety of changes, though in the main was steady and consistent, and based upon a correct appreciation of its strict pathological condition, as far as that is known. The sequence between the relief and the remedies is not as direct and immediate as we could desire; and yet I think it may be said that the disease being one of nervous irritation, or even inflammation, as has been supposed, the treatment would be generally appropriate, the use of nitrate of silver to the wound destroying the sentient extremeties of the irritated nervous trunks, and the anodyne applications producing local anæsthesia.

The blister along the spinal column and the chloroform liniment are but adjuncts to the more prominent remedies, and tending towards the same one. *The hop bath I consider to have been more immediate and striking in its remedial operation than any other of the remedies used.* My experience of its effects in this case, and also in several cases of mania potia, has caused me to place a very high value upon it in all cases of nervous irritation. Upon opium, in large and frequently repeated doses, as detailed in the above case, I place great reliance, and cannot but look upon it as the most potent and valuable of all the drugs used in this disease.

The Castor Oil Treatment in Cholera.—The English General Board of Health appointed a committee consisting of Drs. Paris, Babington, Tweedie, Baly and Mr. Ward, to examine into the results of this treatment. From their report, it appears that in eighty-nine cases treated by fourteen different practitioners by this method, sixty-eight proved fatal, fifteen only recovered, the remaining six are still under treatment.—*Boston Medical Journal.*

Cure of an Aneurism by Injections into the Sac of the Acetate of the Peroxide of Iron.—Dr. Paresi, of Bergame, has injected a strong solution of the above named salt into an aneurism of the temporal artery affecting a young man. The sac was about one inch from above downwards, eight lines transversely, and might contain a drachm of fluid. A puncture was made into the tumor, and bright arterial blood escaped, the glass pipe of one of Charrière's syringes was then introduced, and about sixteen drops of the solution thrown in. Ten minutes afterwards, the tumor was quite solid, and in one month no trace of the aneurism was left.—*Lancet, No.* 154.

Twins Born at an Interval of Forty Days.—A country woman, thirty-four years of age, of good health, usually regular in her menstrual periods, primipara, gave birth, after an easy and regular labor, to a child, which, although completely developed, was weakly. It died eight days afterwards from the effects of a cold. The placenta came away naturally, an hour after the birth of the child. A few

hours subsequent, the woman attended to her domestic concerns. The swelling of the abdomen had only partially subsided; soon after, active movements continued to be perceived by the mother; there was neither secretion of the milk or lochia, and no fever. Nothing of particular moment occurred in the case of this woman, until the expiration of an interval of forty days, at which period she gave birth to a second child, which, although feeble, had evidently arrived at the full term. At this period, and for the first time, the lochial flux and milk secretion made their appearance.—*Med. Neuigkeiten und Ann. der Medizin.*

Treatment of Cholera and Diarrhœa in the Hospitals and Dispensaries of London.—*St. Martin's-in-the-Fields.*—In a communication received from Dr. Bainbridge, medical officer to St. Martin's-in-the-Fields, he says;—"I have to state up to the present time we have not had more than the usual amount of diarrhœa at this season of the year, and not, as yet, one case of Asiatic cholera.

"My usual treatment in these cases of diarrhœa, where there have been frequent dejections, with violent griping pains and sometimes sickness, has been to administer one or two grains of solid opium, followed up by chalk mixture, five ounces and a half; tincture of opium, a drachm; tincture of catechu, half ounce; aromatic confection, a drachm and a half. Two tablespoonsful to be taken every hour. This has generally acted like a charm. In this stage the disease is completely under control.

"In 1849, I had a district of the parish assigned to me as well as the workhouse, and, from March to October, I attended 1669 cases, the principal part being in August, September and October; out of these I had twenty-seven deaths.

"Where the deaths occurred with one exception, the patients, when I first saw them, were laboring under vomiting, ricewater purging, the peculiar sepulchral hoarseness, suppression of urine, cold tongue, breath and surface, cramps, blue skin, and were sometimes nearly pulseless, indeed, in complete collapse.

"To several of these I gave large quantities of ammonia and brandy. In some I tried dilute sulphuric acid; in others, Dr. Ayre's plan of scruple doses of calomel every ten minutes, mustard poultices, frictions, &c., but no remedies appeared to have the slightest effect, as there was no absorption.

"The conclusion to which I have come from actual observation of this disease is, that the remedies I have mentioned are almost specific in ninety-nine cases out of one hundred, if given sufficiently early. Where the patients are nearly pulseless, with ricewater motions and general collapse, I believe all remedies are unavailing."

Coldbath-Fields Prison.—There have been no cases of cholera under the care of Mr. Wakefield; but from the 24th of July up to this time there have been 133 cases of diarrhœa, most of them attended with sickness. The stools have generally been of a bilious character, but in some instances there was a deficiency of bile; in none was there any appearance of ricewater evacuations. At first, in most of the cases, there was a feeble pulse, with coldness of the tongue and extremities, and violent pain in the abdomen. All of these cases soon recovered. The treatment in every instance was as follows:—A scruple of the sesquicarbonate of soda in a wine-glassful of strong mint tea, repeated every half hour if necessary: sinapisms to the abdomen. The diet consisted of beef tea for dinner, and cocoa night and morning.

St. George's, Southwark,—Mr. Waken writes: "I beg to inform you that I have treated 400 cases of diarrhœa, and 28 of cholera, since the 26th of July, in the London road district of St. George's, Southwark; 6 cases of diarrhœa proved fatal, of which 3 were previously debilitated, and 3 passed into cholera; the remainder recovered, most of them speedily. Of the twenty-eight cases of cholera, twelve died in from twelve to forty-eight hours; 3 fresh cases are now under treatment; of the remainder most are convalescent. In one case paralysis of the left arm occurred, and the patient (a muscular young man, about 25 years of age) has now, twelve days after the attack, but partial use of it, but is daily improving. In this case the patient was in a state of collapse in half an hour! he also suffered extremely from cramp in the stomach, legs, and arms, for two hours.

"*Symptoms* (*Diarrhœa*).—Purging in most cases has been very frequent, attended with severe tormina, and in many cases cramps in the stomach, bowels &c.; motions, from pale yellow to rice-water; in about a third vomiting has been very severe. In diarrhœa I have found the following pills more effectual than any other medicine:—Powered opium, capsicum, camphor, and calomel, of each half a grain; commence with two pills, afterwards one to be given after every liquid evacuation.

"I have not found the dilute suphuric acid generally succeed; but in some few cases I have used it, combined with opium and decoction of logwood, when the disease has assumed a somewhat chronic form. I find very large mustard sinapisms of the greatest service in all forms of diarrhœa and vomiting, whether or not attended with pain or cramps. They should be applied directly to the skin, and sufficiently large to cover the whole of the abdomen. In the treatment of cholera, I have never found any medicine that I could positively say has been of any use. In the stage of collapse I am in the habit of giving plenty of saline diluents."

Bloomsbury Dispensary. *Treatment: Diarrhœa.*—Thin broth; calomel, half a grain; rhubarb, three grains; in a pill; followed by three drachms of castor oil. Afterwards chalk julep, one ounce; nitrate of potash, five grains; Dover's powder, three grains; three times a day. Every case, without a single exception, has yielded readily to this plan of treatment; and in several instances, it has effected a speedy and permanent cure wherever the astringent method had failed to afford more than temporary relief, either the diarrhœa has returned, or headache, coated tongue, pain in the epigastrium, and other symptoms of biliary derangement have supervened.

Cholera.—Salt emetic, (two ounces of salt to half a pint of water:) calomel, one grain: rhubarb, three grains; every hour. Chloride of sodium, one scruple; chlorate of potash, five grains; bicarbonate of soda, ten grains, every two hours, cold drinks. Warmth to the extremities.

Of the three cases thus treated, two, both occurring in children of the same family proved fatal. The treatment was followed, in one, by copious bilious evacuations, return of pulse to the wrist, and of warmth to the surface, perfect relief from cramps and spasams, and restoration of the renal secretion; but the patient died a week afterwards from exhaustion. The other child did not rally from the stage of collapse. The family were living in a wretched kitchen, surrounded by fæcal emanations, and nearly in a state of starvation. The third case was that of a woman, who has recovered under the calomel and rhubarb, and saline treatment.

St. Bartholomew's.—From the 28th of July to the 14th of August, there have been admitted about forty cases of cholera, and of these patients fourteen have died. The treatment has consisted, as was stated to us by Mr. Wood, the resident medical officer, of the warm bath, calomel, and opium (five grains to one,) ice, frictions, &c. But of these forty cases, about half were simple cases of diarrhœa, which latter complaint yielded to the usual astringent medicines. Mr. Wood has tried the inhalations of chloroform with little success.

In Lucas' (a female ward), there have been altogether thirteen patients, of whom six have died. The calomel was generally pushed according as the vomiting continued, regard being had to the effects of the mercury. At the beginning of the epidemic, nearly all the cases of true cholera brought in died; and it may be reckoned that, up to the 14th of August, nearly two patients were lost out of every three.

King's College.—The disease broke out in this hospital in the same manner which had been observed in the last epidemic—viz: it spread amongst the patients already in the same house, after a cholera patient had been brought in. The contagious nature of the epidemic was perhaps never made so likely as by the facts connected with this institution, as the facts were principally confined to such wards as were most exposed to morbid influences.

At a very early period of the present epidemic, three cases occurred in the surgical wards upon patients who had undergone operations, and for whose recovery the best hopes were entertained. All these persons died; and it may be

observed that in most cholera epidemics the first blows are always the most deadly. Indeed, so impressed were the medical officers with the perils connected with the ward in which these deaths had taken place, that measures were at once taken for the complete clearing of the same. These early patients had been treated on the saline and emetic plan.

Dr. Johnson, who has charge of the cholera wards, considers that the purging in cholera is mainly an effort of the organism to throw off the virulent principle which is at the root of the disease: he therefore in his treatment does his best to aid this climating process by gentle means, and gives ounce doses of castor oil every half an hour. Some of the patients thus treated were admitted with severe purging and vomiting, or in the cold and blue stage. A mustard poultice was usually placed on the pit of the stomach, and the castor oil given every half hour until the action of the bowels was well established. Ammonia was tried with the oil, but it increased the sickness, which symptom was more effectually allayed by the oil alone. In every case considerable relief was obtained upon the bowels being freely moved, and the congestive fever, which sometimes carries off patients who have long struggled through the original choleric attack, was noticed, in Dr. Johnson's patients, to be very slight. External heat, by means of warm bottles, frictions, &c., &c., was also used, but we did not perceive that either brandy or opium were employed.

All the cases had presented the premonitory diarrhœa, and the more the epidemic is studied the more conspicuous is it becoming that diarrhœa always precedes an attack of cholera; hence the care that should be taken of preventing such attacks by arresting looseness of the bowels.

Westminster.—The line of treatment followed in this institution consists of drachm doses of diluted sulphuric acid, and also calomel and opium, in doses of five grains of the first, and one of the second. Restorative means are resorted to at the same time, but brandy is not so largely given as in some other hospitals. The case of diarrhœa amongst the out-patients have been extremely numerous, and the treatment by dilute sulphuric acid particularly successful.

Surrey Dispensary.—A combination of the chalk mixture with the tincture of catechu and the tincture of ginger, has been the medicine usually administered in the ordinary cases of diarrhœa. Of the mixture in question no less than six gallons have been dispensed in a single day. To the above combination are added the tincture of opium and aromatic confection in more obstinate cases; while, in still more severe forms of choleric diarrhœa, solid opium, either alone or in union with the acetate of lead and capsicum, is administered. Camphor and henbane, in pills, are also given where there is much tormina. The dilute sulphuric acid has been tried, but although frequently appearing to hold for some time the intestinal discharges in restraint, has not impressed those of the medical officers who have used it with a very high opinion of its merits. The infusion of cinchona, combined with kino and camphor, have been administered apparently with much benefit to the younger patients. At the Royal Infirmary for Children, hæmatoxylon and the nitrate of silver are employed in addition to the above agents, accordig to Dr. Willshire.

Stoke-Newington Dispensary.—Mr. James reports that up to Thursday, the 17th inst., the medical officers have not been called upon to attend any case of genuine malignent cholera, although they have had to treat much simple cholera, and a few cases of choleraic diarrhœa. The treatment of the latter consists in first administering the following draught:—Powdered rhubarb, a scruple; carbonate of magnesia, half a drach; carbonate of ammonia, ten grains; tincture of opium, fifteen minims; peppermint-water, an ounce and a half; followed in two hours, if necessary, by the dilute sulphuric acid treatment, or the following mixture:—Carbonate of soda, aromatic spirit of ammonia, of each two drachms; tincture of opium, one drachm; cinnamon water, eight ounces; of which an ounce is given every few hours. From this treatment the medical officers consider the most beneficial results have been derived during the present epidemic, they having in many cases been obliged to have recourse to it when the acid treatment failed. In some cases, where the vomiting had been severe, they have resorted to the fol-

lowing pill, given every half hour for the first three doses, and afterwards, if necessary, every four hours, but usually the first three doses have proved all that are requisite:—Calomel, one grain; opium, one third of a grain; powdered capsicum, one grain. Mix.

Islington Dispensary. *Treatment for simple Diarrhœa.*—Chalk mixture, with small doses of tincture of opium, and with or without catechu; perhaps a pill of calomel and opium.

Diarrhœa, with vomiting or cramps, serous, purging, &c.—Chiefly calomel and opium, with chalk mixture, ammonia, &c.

Developed Cholera.—Calomel, small doses, frequently repeated; no opium in any form, (Dr. Ayer's treatment.)

Holloway Dispensary.—The resident medical officer states that for young children the chalk mixture of the London Pharmacopœia, with the addition of bicarbonate of potass, or sesquicarbonate of soda, a scruple to a drachm and a half, and occasionally tincture of catechu, a drachm, has been found very advantageous, in doses of a teaspoonful every two, three, or four hours, preceded by a dose of mercury with chalk and compound ipecacuanha powder, of each a grain. In the case of some few aged people, the compound chalk mixture, made with compound chalk powder with opium, two scruples, cinnamon-water, eight ounces, and given in ounce doses, with the addition of compound spirit of ammonia, half a drachm, has answered well.

One of the honorary surgeons employs, frequently with success, the solution of acetate of ammonia, and aromatic spirit of ammonia. The others, and he himself, as he has stated, use the dilute sulphuric acid, from twenty to thirty minims, alone, or with small doses of opium. During the week ending August 16th, there had been treated seventy casual applicants suffering from diarrhœa of a more or less severe character, besides those who had obtained out-patient's letters. Not more than six of these have found it necessary to apply a second time; usually the second or third dose (sometimes the first) produce a marked improvement. There has been but one case of decided cholera.

St. Paul's Dispensary.—We usually treat diarrhœa (of which we have had a great number of cases and all recovered) as follows;—A pill, containing one grain of calomel, and a quarter of a grain of opium, to be taken directly; a mustard poultice to the abdomen; and, an hour after the pill, a draught, containing a scruple of aromatic confection in an ounce of cinnamon-water, to be repeated after each relaxation. Sometimes we give the chalk mixture instead.

In six cases of choleraic diarrhœa the following treatment has been well adapted (four cases have recovered and two are doing well.) The pill before named to be taken directly, and a mixture containing two drachms of dilute sulphuric acid to eight ounces of water, of which an ounce is given every two hours.

Three cases of Asiatic cholera have occurred, all of which were preceded by diarrhœa (neglected,) and not seen until in a state of collapse. Two of these were in children, one eight, the other five years old. During collapse small doses of calomel frequently repeated, and the acid mixture every half hour during the consecutive fever, were given. The former had a mixture containing nitrate of potass and solution of acetate of ammoia. The patient died. The latter during the consecutive fever, took five grains of chlorate of potass in half an ounce of water, every half hour, and recovered. The former during the collapse, had small quantities of port wine occasionally. The latter had no stimulant whatever. A woman fifty-seven, during a collapse, took a pill containing one grain of calomel and a quarter grain of opium, every second hour; and the acid mixture, with the addition of compound spirit of sulphuric ether twenty mimims every half hour. She recovered from the collapse, but died of the consecutive fever three days afterwards.

Eastern Dispensary.—Mr. Barry, resident medical officer, writes—"Up to this date (August 18th) I have had no real case of Asiatic cholera presenting itself to my notice. However, obstinate and severe diarrhœa, frequently accompanied with cramps, coldness of extremities, and vomiting, (in fact the ordinary disease usually termed English cholera,) has been very prevalent in our district, the num-

ber of cases relieved since the 1st of August being 254. I have tried a great many formulæ, but find none answer so well in arresting pain and relaxation as the mixture prescribed by Dr. Munk, physician to our institution, composed according to the printed instructions I have enjoined. Some few cases have come under my notice (the diarrhœa having been checked by this treatment) of coldness of extremities and pains of the stomach and bowels, in which I have been in the habit of prescribing the following—viz: Sesquicarbonate of ammonia, five grains; tincture of opium, ten mimims; camphor mixture, an ounce; mix for a draught, to be taken every four hours. I have also ordered a mustard cataplasm to the stomach and bowels, with bottles of hot water to the feet; and if the patient has felt inclined for any nourishment, I have ordered brandy and arrowroot at intervals. I beg to enclose the printed instructions directed by Dr. Munk to be issued with his mixture."

Medicine for Relaxation or Looseness in the Bowels.—Dose for persons above fourteen years of age, three table-spoonful; dose for persons above seven and under fourteen years of age, two tablespoonful; dose for children above two and under seven years of age, one table-spoonful; dose for children under two years of age, two teaspoonful. A dose to be taken immediately, and repeated every two or three hours—until medical advice can be obtained.

N. B.—For the information of such medical practitioners as may subsequently have to treat the case, it is here stated that the proportions and ingredients are as follows:—Compound chalk mixture, eleven drachms; compound cinnamon powder, six grains; tincture of catechu, forty-five mimims; tincture of opium, five mimims. Mix.—*Lancet.*

A New Mode of Administering Cod-Liver Oil.—The "Annales Cliniques de Montpellier" recommends the following method of preparing cod-liver oil, which, it is said, will deprive it in a great degree, of it nauseous taste. "Take the yolk of an egg; sugar, two ounces; orange-flower water, one ounce; cod-liver oil, three ounces; essence of bitter almonds, one drop. Either the sixth or eigth part will be a dose, according to the quantity of oil which is intended for the patient."—*Boston Med. and Surg. Journal.*

Editorial and Miscellaneous.

The Honor of the Medical Profession Vindicated.—Not long since, in the House of Representatives, on the occasion of the offer of a resolution in favor of printing the mortality statistics of the United States, Mr. Jones, of Tennessee, rose in opposition, making the following remarks, which at best were inappropriate in the extreme:—"He supposed that every physician knew how many of his patients he had killed, and whether he had killed them scientifically or ignorantly; and it would do them no good, he conceived, to know, how many they had killed in the aggregate." The scathing, though dignified rebuke he recieved from Mr. Hunt, one of the representatives in Congress from Louisiana, was so complete, so just, and so honorable to himself and the noble profession whose character he defended, that we subjoin it without further comment. Mr. Hunt said, "That the gentleman

had slandered an honorable profession by sneering at it, and talking of its members killing their patients and keeping an account thereof, and of their being no neecessity for statistics to be furnished them at the hands of the House, as they desired. When the gentleman speaks of an honorable profession endeared to us from our birth, and throughout our lives, as preserving us in times of sickness and disease; when he speaks of its members not as ambassadors of humanity and mercy, not as health-giving men but as destroyers of the public—I say, that he slanders a noble profession. I do not impute to the gentleman an intention to do so. He spoke hastily I think, and in ignorance of the exact bearing of his words, and, perhaps, he was giving way to what is too common in this House and elsewhere—a dispositiou to find fault with his neighbors supposing, as men very often do, that they rise in consequence as they detract from the merit and knowledge of others, etc."

In one of the last numbers of the *Comptes Rendus* of the Academy of Sciences, Paris, we see it stated that M. Vincent has petitioned the Society for the early appointment of a committee to investigate the remedial efficacy of the sesqui chloride of iron in the treatment of cholera. In December, 1853, M. Vincent deposited with the Academy a sealed memoir, which being entirely of a hypothetical nature, and unsupported by any facts, he desired should not be read until personal experience had proved its value. Since that time several cases of cholera have been successfully treated by the sesqui chloride of iron, as well by himself as other practitioners. M. Vincent relates the case of his son, a boy of seven years of age, attacked with cholera, resulting in rapid colapsus; the evacuations were checked in the course of a few hours by the use of the preparation of iron in question. He gave two and one-half grammes, (50 grs.,) disolved in water, by mouth and anus; the patient recovered without the usual reactive fever. The plan of treatment he recommends is as follows: An enema containing four drachms of the sesqui chloride to a sufficiency of water is administered, and at the same time, a mixture of 50 grs. to 8 ounces is given by the mouth, in table spoonful doses, at intervals of an hour; reaction should at the same time be favored by the usual stimulant treatment.

Congenital Cataract.— As congenital cataracts, if permitted to remain unoperated on for any length of time, generally end by bringing about an amaurotic state of the eye, it has usually been the custom for opthalmic surgeons to do little or nothing, unless they are called to the patient before sufficient time has elapsed to make them suppose that want of use may have destroyed the functions of the retina. A recent case, published in the *Moniteur des Hôpitaux*, would tend to prove that all cases of cataract from birth are not necessarily accompanied by paralysis of the optic nerve. M. Gambe operated successfully upon a man fifty-five years of age, who had never had sight, although couching had been attempted when he was in about his sixteenth year. M. Gambe states that when he introduced the needle the lens felt as if it were composed of united grains of sand. This case is most interesting from the account given of the course of training necessary to teach the patient the use of his newly acquired sense. But we must still remember that this

is an exception, and the general rule to operate as early as possible in congenital cataracts should still hold good.

We see it stated in a late number of the *Revue de Thérapeutique Médico Chirurgicale*, that M. Maisonneuve, late Surgeon of the Hôpital Cochin, has been promoted to one of the vacancies in the Hôpital de la Pitié. M. Negrier has been again nominated to fill the chair of obstetrics and diseases of children in the Medical School of Angers.

In the *Zeitschrift der K. K. Gesellschaft der Aerzte*, it is mentioned that Skoda, the Clinical Professor in Vienna, has been lately treating pulmonary gangrene by the inhalation of the vapors of the oil of turpentine, combined with the use of the sulphate of quinine. Cure was rapidly effected in four cases. No cavities, or even abnormal sounds were detected, and vesicular breathing was established throughout the whole lung. The inhalations were made use of for five or six minutes, every four hours; the disagreeable odor of the turpentine being destroyed by the combination of aromatics. The quinine was given in doses of one grain every two hours.

Dr. E. D. Fenner, of this city, has placed in our hands his "Reports on the Epidemics of Louisiana, Mississippi, Arkansas and Texas, for the year 1853," made to the American Medical Association, as Chairman of a committee appointed for that purpose. The task, though arduous and unprofitable, has been most ably fulfilled, and we do not hesitate in saying that nothing so complete on the same subject will ever be produced. The author devotes the greater portion of the volume, an octavo of 123 pages, to a description of the terrible epidemic of yellow fever which prevailed throughout the States in question in the year 1853, and containing, as it does, the complete statistics of the most dreadful epidemic which has ever visited the United States, it will long remain a valuable book of reference for writers on the subject in question.

The present session of the New England Female Medical College has commenced with a respectable number of students, of which, a larger proportion than usual are females; there are also fourteen females attending lectures at a New York Hydropathic Institute. Have not the Homœopaths a Female Medical College somewhere? it is probable that it would be well attended; the practice is neat and easily learned, and so innocent if legitimately carried out, that these candidates for the honors and employments of men might gratify themselves without inflicting a particle of injury on society.

J. B. Steel & Co. have just handed us, on the part of the American publishers, Blanchard & Lea, of Philadelphia, C. Handfield Jones' and Edward H. Sieveking's Work, entitled "A Manual of Pathological Anatomy." It is intended as a Text

Book, giving, as it were, a synopsis of all that is known on this subject, explained by three hundred and ninety-seven illustrations. The student has long been in want of such a book. It contains much that is new, or if not new, at least not generally known; the facts are collected from the best authorities. Messrs. Blanchard & Lea have seen proper to add to this edition Dr. Donaldson's excellent paper on the Microscopic Elements of Cancer; thus greatly increasing its value. In order to analyze this work as it deserves, it would require more time and labor than we are able to devote to it; but we have read it carefully, and can heartily recommend it both to the student and practitioner. One quotation, however, we wish to make; for it treats on a subject which is just now occupying much attention. Some of the profession in this city have, for the past two or three months, been engaged in making microscopic examinations of the organs of patients dying in the Charity Hospital of yellow fever. They have found that in almost all the cases the muscular structure of the heart was in a pathological condition; *i. e.*, the transverse striæ and sometimes the longitudinal were obliterated by a fatty or oleaginous infiltration or disintegration. So far from looking upon this as a mere coincidence, they, on the contrary, seem inclined to conclude that it is an almost constant lesion, and one intimately connected with that disease. At page 300 of Jones and Sieveking's work, they say:

"The frequency with which fatty degeneration of the heart occurs among the patients that present themselves in a London hospital, may be inferred from the circumstance that Dr. Ogle has met with it in 100 out of 143 post-mortems in which he noted the microscopic appearance of that organ."

This would prove at once, that yellow fever and fatty heart are not cause and consequence; nor is there any peculiar connection between them; for here we see that it was found in more than two thirds of the cases entering the hospital of a city where such a fever is perfectly unknown. Why not seek the explanation in the antecedent,—the anterior history of these patients? Why not rather suppose this state of the heart to originate from chronic diseases—from former affections, manner of life, etc., than from yellow fever, which runs its course in so short a time. And besides, if such terrible disorganization of so important an organ be caused by the yellow fever, would not recovery from its attacks be the exception, and not, as at present, the rule.

We feel obliged, in a measure, to make one more extract, and then we will have done. It refers to a class of disease but little studied so far.

"Melanotic tumors are not unfrequently spoken of by various authors, and occupy in their arrangement a place with the other classes; but there is great reason to doubt whether, properly speaking, any such thing exists. This is indeed generally admitted. They then enter into an examination of these so called tumors, and conclude by saying: 'From the foregoing account of melanosis, it will readily appear, that from the very commonness of its occurrence, it is impossible to regard it as giving a really distinctive character to a tumor. The growth is essentially something else, a cancerous or sarcomatous, or some other formation, and the melanotic tinging is accidental.'"

We have received from the publishers, Messrs. Ticknor & Fields of Boston, through J. B. Steel & Co., of this city, a volume entitled "Nature in Disease," and other writings, chiefly on medical subjects, by Jacob Bigelow, M. D., Lecturer on Clinical Medicine in the Massachusetts General Hospital, President of the American Academy of Sciences, etc. The volume contains, among other things, an essay on the treatment of injuries occasioned by fire and heated substances, illustrated by several experiments; report on the medical profession and quackery; one on homœopathy; practical views on medical education, etc. The book is interesting, and will well repay the trouble of reading. It is to be had of J. B. Steel & Co., No. 60 Camp street.

CHARITY HOSPITAL.

The wards of this institution, although quite full, are not more so than is usual at this time of year. The diseases most prevalent seem to be diarrhœa and the various forms of chest affections. The cholera has subsided, and only an occasional case is seen.

In the surgical wards there are several cases of much interest.

The operation for the radical cure of reducible hernia, concerning which there has lately been so much written in the French medical papers, was performed last week in the hospital. If we are to believe the statements of Jobert, Maisonneuve, and Folin, the danger to life from the operation which they recommend, is but small, and the benefit derived by the patient sufficient to warrant the risk. Jobert, it will be remembered, operates by injection of the tincture of iodine into the sac, and his success so far has been flattering. Whether the obliteration of the sac, produced by the inflammation, and consequent deposit of lymph be a permanent obliteration, or whether the constant pressure of a portion of the abdominal viscera, be not sufficient to break up the lately formed adhesions of the sac walls, are questions which his reported cases have not yet definitely settled. Reasoning would lead to the supposition that the resistance offered by new lymph adhesions, would finally give way before the pressure of a hernial tumor, and the former contents of the sac resume their position. We are aware that in pleurisy although the lung may have been considerably compressed by an effusion, and its proper expansion restricted by deposits of lymph which have taken place on its surface, that in the majority of cases, where the effusion has not been of too long standing or the lymph too abundant, the pressure of the inspired air is ultimately sufficient for the expansion of the lung, notwithstanding the partial or even complete organization of the plastic matter. It can scarcely be expected that the cure in the case of hernia spoken of, can be radical, when the process by which it is said to be effected, is nothing more than the production of feeble bands of lymph, particularly if the patient be one who gains his livelihood by severe and prolonged physical exertion, and if he be beyond the necessity of labor, a well fitted retentive apparatus will give him but little discomfort, and according to many good authorities lead to ultimate cure.

The operation lately performed in the hospital, for the radical cure of the affection in question, was a modification of that of Gerdy: the patient was laid on a table,

the hernia reduced, and a portion of the scrotum and sac shoved up by the index finger, as far into the external ring as possible. A long curved needle furnished with a handle, and armed with a double ligature, was then passed upwards along the finger through the skin of the invaginated portion of the scrotum, and that of the abdomen; one of the threads seized the instrument withdrawn, and again introduced at a point a half inch from the situation of the first puncture. The suture was then tied, the finger removed, the invaginated parts being retained in the position desired.

The results of the operation have not been more satisfactory than we anticipated. The patient was threatened with peritonitis, but by vigorous treatment the symptoms were warded off, although he was badly salivated. His present condition, as near as we can ascertain by examination, is as follows: Of course there is no diminution in the size of the external inguinal ring; the portion of scrotum invaginated did not adhere, as was hoped, but has returned to nearly its former position. The invaginated sac appears to adhere and forms a partial plug, although when the patient coughs, even while in the recumbent position, the gut descends nearly to the external ring. There is but very little doubt but that the affection will recur again as soon as the patient rises, and resumes his usual avocation.

There have been several other operations but none of much interest; among others, two for necrosis of tibia and femur, in each case a large sequestrum was removed. Two others for hydrocele, sufficient inflammation being affected after the evacuation of the fluid, by the introduction of a small tent into the cavity; in each case cure was effected. An amputation below the knee-joint for diffused aneurism, the result of a compound fracture of tibia and fibula of long standing.

Two cases observed in the eye wards, may be mentioned as offering some interest. The first patient had been treated for double iritis of a chronic form, and was gradually improving, when an attack of bronchitis supervened, with violent paroxisms of cough; two days subsequent, on an examination of the eyes, the anterior chamber of the right, was observed to contain a certain quantity of a dark-reddish matter, which occupied nearly the same level as the pupilary margin of the iris, and could be made to change its position by bending the patients head towards either shoulder. Its presence in the anterior chamber caused no increase in the symptoms. There could be no doubt that this effused matter was blood; and it is more than probable, that its sudden appearance was owing to a rupture of one of the vessels of the iris, during a paroxism of coughing. Absorbtion took place in four or five days, and the patient is recovering from the iritis.

Another case of effusion of blood was observed in a patient with granular lids and vascular cornea. As is frequent, during the course of treatment in these cases, a sudden increase of inflammation set in, the bulbular conjunctiva became reddened, thickened, and presented the appearance denominated phlegmonous chemosis, threatening danger to the cornea from strangulation. These symptoms were relieved by the usual antiphlogistic treatment, and as soon as the eye could be examined before a strong light, three or four days subsequent to the access of inflammation, the effusion in question was observed. In this case also, there could be but

little doubt, that the effused matter was blood. This was situated between the laminæ of the cornea, and occupied a point midway between the center of the cornea and the lowest portion of its inferior margin. The quantity effused was exceedingly small, but sufficient to render a correct diagnosis easy.

There are also in the wards several cases of paunus, two of which were so complete as to render the patient perfectly blind, which have been treated successfully by means of Guthrie's ointment of nitrate of silver, alternated with scarifications, and salt-water applications.

An interesting post-mortem examination was recently made, in which a displacement and deformity of the right kidney was observed. The patient died of Bright's disease, the usual pathological lesions of which were noticed. The organ in question was so situated that its middle portion rested partially upon the psoas magnus muscle, the right iliac vein and artery being interposed: its upper portion projected a little above the promontory of the sacrum, and rested upon a point corresponding with the sacro iliac symphysis, and its inferior portion projecting downwards into the cavity of the pelvis, was partially hidden from view by the distended bladder, which rested upon it. The kidney was flattened from above downwards, the pelvis looking upwards, and it was somewhat smaller than its fellow. The renal artery took its origin at a point a little above and to the left of the bifurcation of the aorta; and the emulgent vein emptied into the left common iliac, these vessels entering and emerging from the kidney after passing through a fissure in the organ which beginning at the upper part, took its course longitudinally downwards throughout its whole extent. At the inferior portion of the fissure, the ureter could be seen much shorter than usual descending immediately to the base of the bladder.

This observation, although singular, is by no means without a parallel; there are many instances on record, in which the kidney has been observed to occupy a position analagous to the one described above. Boinet saw a kidney situated transversely between the bladder and uterus, the latter deviating from its usual position togather with its appendages. Hohl mentions a case in which the displaced kidney was situated mostly as in the instance we have reported, that is, deep in the pelvis, but to the right of the psoas magnus muscle. This was particularly interesting, being in a woman, on account of the obstacle it had presented to the delivery of the child on two occasions: the pressure of the head gave rise to pains of an intense and peculiar character. Portal describes a case in which the misplacement must have been very similar to the one we have mentioned, viz: in front of the right sacro iliac symphisis, and over the primitive iliac artery and vein; there was, however, no deformity of the organ as in the case we have mentioned.

Charity Hospital Report—Month of November, 1854:

Admitted,	1,188
Discharged,	892
Died,	240

Births, 13—10 males and 3 females.

Reports from December 1st to 30th in the morning:

Admitted,	1,232
Discharged,	944
Died,	219

Births, 14—5 males and 9 females.

Errata.—The eight pages succeeding page 456 are erroneously numbered—two folios having been omitted. The index refer to them as they should properly appear.

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Post Mortem Examination

OF THE CASE OF "PROTRUSION AND SLOUGHING OF THE RECTUM,"

REPORTED IN THE DECEMBER NUMBER OF THIS JOURNAL,

By J. C. Nott, *M. D., of Mobile.*

In the December issue of this Journal, I reported a very remarkable case of a child, fourteen months old, in which about six inches of the large intestine, in consequence of ulceration around the anus, had protruded and sloughed off. The child went on for three months gaining flesh, and apparently doing well, with the exception of rather loose bowels, when about a week ago, it was suddenly taken ill and died in twenty-four hours, with symptoms very like those accompanying intus-susception, or strangulated hernia.

My friend, Dr. H. S. Levert, and myself made the examination twenty-four hours after death, and the following were the facts revealed:—

On making a free crucial incision and opening the abdomen, the bowels presented a remarkable appearance of distension and compression—they looked like the flattened convolutions of the brain. The incision along the linea alba was carried through the symphysis pubis, and the bones pressed open, to obtain a better view of the pelvis—the bladder was also removed. It was now seen that the colon passed down in front of the sacrum, quite free, except the attachments of the meso-colon behind, until about an inch from the anus, where it apparently perforated the sound peritoneum, and then formed, as proved by traction and dissection, strong adhesions around the anus It is clear that the six inches of lost intestine, in a child of fourteen months, must have involved some four inches of colon, besides the rectum. The part of the colon which now supplied the place of the rectum was much thickened and abraded, and so contracted, as to admit

the little finger with difficulty. The anus externally, presented the appearance of a chronic ulcer, and the whole mucous surface of the contracted portion was abraded and ulcerated.

The immediate cause of death was obstruction, caused by a small fragment of beef bone, about the size of a large grain of corn, lodged just above the anus. This bone must have been swallowed within a few days preceding death, for from its dimensions it would easily pass the bowel in its normal state; and not only six inches of bowel, but the contents had passed out and sloughed off.

The sigmoid flexure of the colon was completely straightened out, and a portion of it must have protruded.

It is remarkable that the peritoneal cavity bore no marks of inflammation, or ulceration. When traction was made on the colon, and we looked into the pelvis, the healthy peritoneum was reflected on all sides from the bowel. The question arises, how could, in a child of this age, six inches of rectum and colon escape from the anus and slough, without the pelvic cavity being opened by the previous ulceration, for pus had been passing from the rectum for three months? The only conjecture I can offer is, that the suppuration had burrowed up between the muscular and peritoneal coats, and tossed the rectum from its attachments, this escaped and dragged after it the colon, the whole mass sloughed, and adhesions formed without an opening in the peritoneal cavity—the violent straining efforts of the child greatly aided in the protrusion.

It would seem that a rectum cannot be manufactured out of the colon. The part of the colon which was called upon to perform this new function, became contracted, thickened and ulcerated—even nature and homœopathy with their combined forces could not effect this object.

Aneurismal Lesions of the Capillaries.

By H. Gallier, *M. D., of Paris.*

[Continued from the last Number.]

A specimen of this kind was sent to me, in April last, by M. Gosselin. It was a cancer of the left testis, about double the size of the fist, oval in shape, soft and offering to the touch the feel of false fluctuation. It had first made its appearance some six months previous to this time, was slow in

its development until within three weeks, when it began to increase in size most rapidly; but at no period has the patient suffered much from those lancinating pains, described by many authors as characteristic of tumors of this kind. I think, that in general, too much importance is attached to this symptom in forming a diagnosis of cancer. As far as I have been able to judge, carcinomatous collections are not more necessarily accompanied by increased sensibility than those of a non malignant nature; it is only met with in those cases where a considerable nervous trunk is implicated in the morbid growth.

A careful dissection of the diseased testicle showed a large number of distended and varicosed veins in the tunica albuginea; the upper two-thirds of the mass, were very much softened, consisting of cancerous matter and effused blood; the specific elements being collected around the vessels; these latter existed in large numbers, varying in diameter from the one-tenth to the one-half of a millimeter, and presenting the three varieties of aneurism already described, with cavities filled with dark and coagulated blood. The walls of all these consisted of a simple membrane infiltrated with fatty granulations. At some points small firm clots of blood were seen adhering to the sides of the vascular canals, together with fragments of the cancer. The lower third was very vascular, but much harder than the other parts; the capillaries were in exactly the same pathological condition as those of the softened upper portion, with aneurismal dilatations, etc. Here also could be seen innumerable small apoplectic spots, some as large as a buckshot, others even smaller than the head of a pin.

From this observation, we see that the vessels were developed in proportion to the softness of the tumor — and that the hemorrhage was accompanied by an aneurismal state of the capilliaries. The rapid development of the tumor, a short time before the final operation, may, I think, be properly attributed to the interstitial hemorrhage, which took place about that period. It is, in fact, only in very vascular cancers, where blood escapes from the vessels that we see this extraordinary and sudden increase of size. It may be caused by a blow, or any shock sufficiently great to rupture the aneurisms. In fact, in nearly all cases, the patients themselves seem to attribute these rapid increases of size to some blow, no matter how slight, which they have received. The influence of exterior causes upon these sudden effusions of blood, will be explained at greater length under the head of lesions of the capilliaries of wounds.

The capilliary tubes are found altered and diseased in other tumors besides those of a carcinomatous kind. They are in fact elements necessary

for the nutrition and development of pathologieal as well as normal tissues; and do not exert the slightest influence over the nature of the other constituents. Their peculiar alterations are therefore perfeetly independent of those taking plaee in the general mass. Thus we find them in fibroplastie, fibrous epithelial enehondromatous and hypertrophie tumors. Eaeh of these may offer eonsiderable vascular development, followed by all the eonsequences above deseribed, and all of them may at times merit the name of fungus; whieh term merely signifies great abundanee of vessels.

It would be an useless repetition of what I have already said, when speaking of eaneer to describe the development of the vaseular net-work in these different tumors. I will state however, that as a general rule, the vessels are more abundant when the tumor is of the soft kind, and few in number in the harder varieties.

I find in my notes, of 1850, the deseription of an uleerated fibro-plastie tumor, situated in the eelular tissue of the abdomen, in which these aneurismal alterations of the eapilliaries were well marked. After returning twiee in the same plaee, it was a third time operated upon by M. Gosselin. It was about one-fourth of an ineh deep, from three to four ineches long, and from one and a half to two ineches in breadth, and had a transparent yellow eolor, somewhat resembling that of the ribs of old people. It was nearly as hard as fibro-cartilage. The vessels were not very abundant, but of a eonsiderable size, and peeuliar shape, being mueh larger at the surfaee than in the deeper parts of the tumor. They ran in a zigzag eourse parallel to one another, anastomosing but seldom, and filled with blaek eoagulated blood. Besides this, aneurismal dilatations of three varieties spoken of, were found on nearly all of them.

I would add to the ease above given, another, whieh I also owe to the kindness of M. Gosselin. It was a tumor of the neek of the uterus in a woman thirty years of age. On the 7th Oetober, it was operated upon for the first time, and again on the 2d of Deeember. On the 23d of November, a tumor about the size of a small nut was found situated in the reetovaginal wall; a month later this had inereased so mueh in size as to render defeeation both diffieult and painful. It was cut into under the supposition that it was one of those small eysts, deseribed, as often met with in this region, by M. Hugier; semi-coagulated blood flowed from the incision. On the 4th of January, a tumor made its appearanee in the hypogastric region, and during the following days rapidly inereased in develop-

ment. The patient became more and more debilitated, and died on the 28th of the same month.

On a post mortem examination three tumors were found situated in the broad ligament of the right side; one about the size of an orange, the other as large as an egg, and the third measuring the same as an ordinary horse-chestnut; on the left of the uterus, in the broad ligament, two more tumors, about the size of this last one, were found. They were neither connected with the uterus nor ovary. The first, of an oval form, was soft and fluctuating; when cut into, both liquid and semi-coagulated blood made its way out, leaving behind but the simple pouch of a cyst. On the internal surface of this cyst, I found after a careful examination that the capilliary vessels were varicosed and of very large diameters from six to seven-tenths of a millimeter, and still filled with dark blood. In some points these small aneurisms had burst, forming in the wall substance, small cavities filled with clotted blood. In fact in all these masses aneurisms were found on the capiliaries some yet retaining the blood, others emptied of their contents. They were decidedly fibro-plastic, and are interesting from the fact that in them we find the same lesions of the capiliaries as in tumors of a cancerous nature. Nor are these alterations of the capiliaries very rare in simple hypertrophic tumors of the breast; it would therefore be useless to give cases.

In those of an enchondromatous nature, this might be doubted; but when it is remembered that I only mean those that are in a softened state, it will perhaps appear more reasonable. M. Nelaton has in his possession tumors of this kind filled with apoplectic spots of various size. I had, last October, an opportunity of verifying the existence of these alterations in the capillary tubes, in an enchondroma of the testicle presented at that time to the anatomical society. Let us conclude, therefore, that, in morbid growths, the rapid increase in the size of the tumor, great vascularity, aneurismal alteration of the capillaries and hemorrhage, are facts intimately connected by a constant coincidence.

In inflammations of serous membranes, plastic lymph is exuded, which either closes the cavity by causing adhesions between the opposing surfaces, or concretes upon one or the other. Later, an organization of these false membranes takes place. Laennec says: "That at the time when the vessels begin to make their appearance, there is often too great an afflux of blood; the whole thickness of the false membrane, or at least the surface, becomes of a red color; the effused serum looking like blood mixed with

a small quantity of water, and even in the form of clots." (On Mediate Auscultation, vol. 1, p. 345.)

It was under similar conditions that I found aneurisms of the capillaries, rupture, and consequently hemorrhage. To lesions of this kind we must refer the hemorrhagic forms of pleuresies, percardites and inflammations of the vagina. A few cases will show this to be the true explanation of what takes place. The first observation which I now give, relates to a case of hemorrhage in a false membrane formed on the arachnoid.

The subject of this history was an old soldier, seventy years of age, and in his dotage for some time back. He fell and struck the back of his head violently, and afterwards presented symptoms of compression of the brain, which gradually increased in severity until death relieved him from further suffering, eight days after the accident. A post mortem examination showed all the organs to be healthy, even the brain itself was unaltered; but a false membrane of variable thickness covered the parietal surface of the arachnoid, to an extent equal to the convexity of both hemispheres. This membrane was tough, elastic, and easily detached from the arachnoid; a portion remaining adherent to the dura mater, which it lined. In thickness it varied from two to four millimetres, and was thicker before than behind. In some points it was of a yellow color and somewhat transparent, in others slightly tinged with red, but the larger portion had a "*lie de vin*" tinge. This difference in shade was entirely owing to the considerable variation in the vascularity of the membrane. The capillaries formed close net-works, and the tubes anastomosed frequently. They were pretty uniform in size, and in the neighborhood of the apoplectic spots they presented constructions, inequalities and aneurismal dilatations. These latter caused a bulging out on the surface of the false membrane, which here was thinned, and, as it were, stretched. The point where several vessels joined was the most frequent seat of these dilatations; in this case they were of an irregular star-like form, less prominent but more extended than the simple dilatation of one trunk. In some places the apoplectic spots were large, and contained as much as a table-spoonful of blood, dark and semi-coagulated.

As there was greater difficulty in separating these vessels than is ordinarily met with, the results I arrived at were not quite so satisfactory as in other cases. This fact, though alone, convinced those who examined it with me, together with other persons to whom it was shown, that the

mechanism of these hemorrhages must be looked for in the alterations of the capillary tubes. Mr. Cruvelhier says that he had, whilst attached to the Salpetriere, been so struck with great abundance of vessels in these false membranes, that he did not hesitate in considering their rupture as the cause of meningeal hemorrhage.

In perearditis with hemorrhage the same cause acts. The pericardium becomes lined by a thick false membrane which covers both surfaces, leaving a more or less spacious cavity between them, in which is found a variable quantity of blood, sometimes liquid, at others in minute clots floating in the serum. On the surface irregular elevations are seen, resembling somewhat those found in the mucous membrane of a calf's stomach. These are of an intense red color, owing to the presence of larger numbers of capillary vessels. In some parts, small clots of blood are found adherent to, or imbedded in these villosities; seemingly caused by the friction between the two surfaces having ruptured and exposed some of the small and superficial apoplectic spots, which studded the whole thickness of the pseudo-membrane. Such, at least, I found to be the case on examining the pericardium of a patient who died on the 28th October, in M. Cruvelhier's wards, of chronic hemorrhagic perierarditis. Two other examples are given by this learned professor in his magnificent atlas of pathological anatomy. (16th liv. pl. 11.)

I have never had the opportunity to examine a case of hemorrhagic pleuritic inflammation, but when we recall to mind what Laenec has said under this head, and remember that serous membranes are identical in structure no matter where found, that they are subject to the same pathological conditions, we may reasonably conclude that in the pleura, as in the arachnoid and pericardium, the same consequence, hemorrhage, should be referred to the same cause, rupture of the capillary aneurisms.

Of all serous membranes, the tunica vaginalis is most frequently the seat of spontaneous hemorrhage. In such cases the tunic is lined by a false membrane varying in thickness, but generally distinctly appreciable, as M. Gosselin has proved in his article published in the *Arch gen de Med*, September, 1851. The contained fluid is brownish, and holds suspended in it flakes of fibrine of small size. When this is so the false membrane becomes saturated with this liquid, and is thus made of a dirty greyish color, rendering the study of the vessels and their alterations of form very difficult, if not altogether impossible; they can easily be seen upon the adhering surface, but it is only with great trouble that they can ever be traced

through the mass to the opposite side. In five cases of this kind which I examined carefully, once only did I find a well developed net-work of vessels upon the free surface of the pseudo membranous exudation. But this once proved beyond a doubt that they were subject to the alterations we have been occupied in describing, for I then saw them with well and distinctly characterized varicosities and dilatations.

Cicatrizing wounds, those especially which are newly cured by a slight and only semi-solid pellicle, under which great vascularity may be seen, are often the seat of hemorrhage, which must also be referred to lesions of the capillaries. A few cases will easily prove this.

On the 21st March, 1850, a young man seventeen years of age entered the "*Hôpital des Cliniques,*" for phlegmonous erysipelas of the dorsum of the foot. A large incision was made in order to get rid of the pus and gangrenous cellular tissue; the wound healed rapidly, and by the end of the month was filled up with granulations. During the following days cicatrization commenced at the edges, and an epethelial covering was spread over the granulations, but the vessels still remained as numerous as in the centre of the wound where rapid suppuration was still taking place, together with an occasional hemorrhage, owing to the rupture of the walls of some of the capillaries. The wound remained in this state for several days, inclined to bleed upon the slightest irritation. We now observed small island collections, as it were, of blood under the transparent epidermic pellicle, about the size of a pin's head and larger. Little by little the pellicle became distended by these bodies, until it finally gave way. The blood thus elimenated, forming a brown scab, was afterwards replaced by a more solid epithelial layer. The situation of the diseased part most incontestably exerted considerable influence upon the production of these hemorrhages. In fact when the patient was told to move his foot, blood flowed freely from those parts of the wound which were not covered by epethelial cells; and even in the portion so covered, it was seen to collect in considerable quantities. In this case the capillaries were of very irregular diameters; frequent pouches were often seen upon their walls communicating with the interior of the vessels, being as it were diverticula filled with blood, and easily emptied by pressure. By the rupture of these diverticula the apoplectic spots, already referred to, were formed. All the other forms of aneurismal dilatation which I have spoken of in other parts of this paper, were also found in considerable numbers. This state of things prevented, or rather retarded, recovery until the 10th of May,

and even then the epidermis was very thin and transparent, numbers of irregularly dilated vessels being distinctly apparent through it. It was not until the 27th that his foot was in a fit state to permit his leaving the hospital.

Another patient had had his right thigh scalded by boiling water and presented the same phenomena. Cicatrization was long and tedious, both on account of the extensive loss of substance and the repeated hemorrhages which took place under the new formed epethelium.

The above facts, together with another which M. Jarjavay related to me, are positive evidence in favor of the proposition which I defend; and I therefore conclude that the capillary vessels are subject to aneurismal lesions of the same nature as those met with in the arterial canals; that these lesions result from a granular fatty alteration in the wall substance of the tubes; that hemorrahage is caused by the rupture of the walls, rendered less resisting by this same alteration; and that blows, pressure and position may be considered as secondary causes of rupture.

It now remains for me to give a sketch of the history of the pathological anatomy of the capillary vessels, in order to show the actual state of knowledge on this subject.

In England and Germany, where microscopic researches are carried on with more zeal than in our own country, investigations have been directed to this branch. Alterations of the smaller blood vessels were first noticed in inflammation. J. Hunter (*Treatise on Inflam., vol.* 12, *p.* 9,) proved that arteries and veins of small diameters then became much dilated. Every body knows his experiments upon the ears of rabbits. After Hunter come Thomson, (*Treatise on Inflam.*, 1827,) M. Dubois, d'Amiens, (*Leçons de Pathologie Experimentale.*) Later, Hasser and Kollicker (*Zeits. f. Rat. Med., vol.* 4, *p.* 1,) saw that in certain catarrhal inflammations of the mucous membranes the vessels were regularly dilated in their whole lengths; and that, as they were at the same time elongated, they ran in an irregular varicosed direction. In a case of circumscribed red softening of the brain, these same authors observed vessels which they considered to be capillaries, with cul de sac dilatations, filled with coagulated blood. This at first they took to be blood effused into the cerebral substance itself. About the same period Bruch (*same Journal, vol.* 5*th, p.* 71) described partial and varicosed dilatations of the vessels in an inflammation of the peritoneum of a dog. Ecker (*also in the same monthly, vol.* 6*th, p.* 135,) says, that in a scrofulous tumor he saw aneurismal defor-

mation in vessels which were either very small arteries or large capillaries. In this case there was not the slightest trace of inflammation.

Harting and Schroeder Van der Kolk (*Nederlandsch Lancet, August,* 1848,) studied the alterations of the capillaries in a fibrous tumor of the ovary. They suppose them to be owing to the softening of the surrounding tissues, which by depriving the walls of the accustomed support, permitted their dilatation and even rupture. In the case under their observation, this state of the capillary canals was only observed in those parts where the substance of the tumor had undergone considerable softening.

Von Barensprung (*Beitrage für Anat. und Path d. Mensch,* 1848), described analagous dilatations of the capillaries of the skin, where not the slightest sign of inflammation existed.

In a later work, (*Zeits für Wissensch, Zoologie,* 1849), Kollicker denies that there is any connection whatever, between these dilatations and the softening of the surrounding tissues; nor does he think that inflammations must always be present. He says that he has seen these expansions of the tubes in one case of apoplexy of the brain; and, in affections of the vertebræ. He also describes a false aneurism existing in the smaller arteries of the brain, preceding, or accompanying apoplexy. These are formed by the passage of the blood between the tunica media and tunica adventitia, and seem to be caused by a rupture of the middle and internal coats.

In this same year, Pestalazzi chose the subject of false aneurisms of the small arteries, and their relations to apoplexy, for the subject of his inaugural dissertation. (Würzburg, 1849).

Kuss and Paget have only studied the capillaries during inflammatory action. The former insists particularly upon the fact of their dilatation, under these circumstances, states that the wall substance becomes more friable and of less consistency; and that this increases in proportion to the duration of the diseased action. We must not mistake the permanent alterations of form, of which we now treat, and those simple dilatations found in the smaller vessels at the commencement of inflammation, which is owing altogether to some change in the contractility and elasticity of the walls.

Paget (*Lect. on Inflam., Lond. Med. Gaz., June,* 1850), enters at length into the pathology of the blood vessels during inflammation. They are at first developed in the affected part, unless such part is not vascular; when the vessels in the immediate neighborhood become affected; the conjunctiva, when the cornea is attacked, etc. To this state of the canals he at-

tributes in part, the swelling accompanying inflammation. The cause of these dilatations he considers, to be a decrease in the consistency, a weakness of the walls permitting distension by the accumulated blood. But he does not consider that these may not exist without inflammation; and he willingly admits the opinion of Quekett and Lebert, who believe that the sacciform dilatations may be owing to changes which take place in the formation of new vessels.

Wirchow has written an able mémoire on aneurisms of the capillary vessels. (*Arch. für Path. Anat. und Phys., vol.* 3d.) In it he says: "All inflammations which exist for a certain period of time, may cause dilatation of the vessels supplied to the part affected; these alterations are not within well marked limits; that they are not always owing to inflammation, but may be found accompanying different pathological phenomena; that all forms of aneurisms are found in the capillaries as well as in the larger arterial canals." He considers their cause to be the eccentric pressure of the blood. But why should the walls yield?

Dittrich (*in Canstatt Leist alg Path.*) found fatty degenration to exist in the walls of the small branches of the pulmonary artery, which were at the same time dilated; he thinks that this is the most frequent cause of pulmonary apoplexy.

From what is said in the preceding paragraphs, we may admit that the smaller vessels of the body often present a certain number of alterations of form which most authors designate with the name of aneurism. Harting and Von Barensprung say that these vessels are capillaries, whilst Kollicker Pestalozzi, Burch, Ecker, Wirchow and Dittrich, place them on the larger capillaries, or rather small veins and arteries. Burch is the only one who looks upon inflammation as necessary for their production.

But thus far these lesions have only been studied in the normal tissues, and not in those of a new formation. The authors above cited have not determined with sufficient care the conditions under which they make their appearance, nor have they sufficiently penetrated into the structural changes which they take, and the lesions which they cause. These points I have attempted to elucidate.

Acute Phthisis in the Adult.

By Dr. Theodore E. Leudet, *of Paris.*

The diagnosis of phthisis, before Laennec's time, was commonly based upon the general and constitutional symptoms accompanying the development of the disease. We are not astonished therefore, that Bayle should bring together, under the common name of phthisis, all disease which in any way tend to disorganize the pulmonary tissue. Laennec, assisted by the possibility of forming the diagnosis during life, made the essential character of this affection, to be a deposit of tubercular matter in the lung; further researches and microscopic investigations have contributed to separate yet more distinctly, all other morbid products from tubercles in their different periods of development. This general law is now admitted by all. Pathological anatomy thus comes to our assistance; and not only teaches us to diagnose pulmonary tuberculisation, but also to establish a complete connection between the symptoms and lesions.

The constitutional symptoms of this disease, it is true, are subject to numerous variations; thus a whole group of the accidents ordinarily met with, may be absent in certain cases, as in what is commonly called *latent phthisis;* or the morbific product, which usually takes months, and even years for its full development, may cause the death of a patient in a few weeks, either by the abundance of its deposit, or by the rapidity of its growth; this is known by the name of *galloping consumption* or *acute phthisis.*

We learn little concerning this affection from the early writers on medical subjects. Bayle, in his excellent work already mentioned, in treating on granular phthisis, cites one case where it assumed the acute form; but the imperfections of his classification prevented his bringing together under one head, the numerous cases of this kind which may be found scattered through the book. But Laennec traces the characters of the diseases with his usual boldness; and his divisions hold good even at the present time. He considers the acute form to be produced by tubercles, which after remaining latent for a greater or less length of time, suddenly throws off the mask, and rapidly brings about a fatal termination. At other times its debut is as rapid as its course, and the patient dies before emaciation or any of the ordinary symptoms awaken, attention to the nature of the disease; the signs found upon auscultation being those of an acute pulmonary ca-

tarrh. Louis holds a similar opinion. Andral, in his '*Clinique Médicale*,' also speaks of acute phthisis supervening upon the chronic form; and describes a case in which the symptoms were not only remarkable for their rapid succession, but also in being different from those characteristic of pulmonary tuberculization. He states that he has seen patients with symptoms of hectic fever, without local signs marking the presence of tubercles in the lungs. In his notes on Laennec's work, he lays particular stress upon a peculiar form which he calls *Asphyxique*. Sir J. Clark (on Consumption, p. 41,) repeats and sanctions the opinions of MM. Louis and Carswell. In a mémoire written on this subject by Dr. Waller, of Prague, (*Viertel Jahrsch. f. d. Praktische Heilkunde Prague, 2te. Jahrgang, vol. 2, p.* 1.) the questions of diagnosis and the general symptoms are treated at length. We would also mention a MS. communication from Dr. W. Gull, of Guy's Hospital, London, containing many interesting facts. Drs. Walshe and Fournet have also been consulted.

Pathological Anatomy.—Acute tuberculisation is made evident after death, by the deposit of tubercles in the interior of the pulmonary tissue. It is seldom, as we shall see futher on, that the same product is found in any of the other organs—in children the contrary is the case. Is there an identity of form in the pulmonary tuberculization of acute phthisis? Assuredly not. The tubercular matter is found in the lungs in all its degrees or stages of evolution; from the gray semi-transparent granulations, to cavities of greater or less size. The infiltrated variety is sometimes, though rarely met; MM. Louis, Waller and Gull have favored us with cases of this kind; but it is no oftener seen in the acute than in the chronic form of phthisis.

In nearly all the cases reported, and in all those we have mentioned in the beginning of this memoire, the tubercular matter was in the lungs in considerable quantities; in four out of the five cases we report, tuberculization was in the first degree of evolution; the granulations being gray or slightly yellow externally, but of a decided yellow in the interior. In the subjects examined by Dr. Waller, the tubercular matter was in the miliary state. We may therefore conclude, from the facts collected by different observers and at various times, that acute pulmonary tuberculization is oftenest met in the stage of gray or slightly yellowish granulations. But besides these granulations, it was seldom indeed that traces of the more advanced stages were not found. Thus in the thirteen cases reported by Louis, three only were found without cavities. In four of our five

cases, tubercular matter, either in a softened or cretaceous state, was found, and in one there was a considerable cavity. In summing up these reports, we find, in three-fourths of all, that tuberculization, of a more advanced stage or of older date, had preceded the acute form.

The specific matter follows, generally, the same rules as in the chronic form of the affection; it is found in the greatest proportion at the summits, where commonly it is more advanced in its development than in the other parts. At times the tubercles may be met with in largest numbers just under the visceral pleura, forming a superficial envelope, and only scattered here and there in the other portions of the same lung. Most ordinarily, however, they are isolated, discreet, as it were, or only confluent in spots. In one patient M. Louis found the tubercular matter much more advanced at the base of the lung than at the summit; but this is an exception, the general law being as above stated.

In one case only of the five which we have collected were there any traces of red hepatization; but in this one, splenization was complete. M. Louis, on the contrary, found, in nine out of thirteen cases, hepatization more or less developed, and generally spreading over a considerable extent of lung. Dr. Waller was not more successful in finding it than ourselves, nor were any symptoms of it found in the cases reported by MM. Marc d'Epine Andral, or Fournet. Summing up all of these observations, we find that hepatization of the lung took place in about one-half of the whole. But congestion is a lesion accompanying this affection with much greater constancy, there being few cases on record where the pulmonary tissue was not more or less infiltrated and congested.

But in many subjects this congestion may be but a mechanical stasis of the fluids after death. Modern researches have found this to be the case. A fact which will diminish the proportion of congested lungs in acute phthisis down to about one-third of the whole number. It is in general a simple congestion, that is to say, an accumulation of a considerable quantity of serum, mixed with blood and air, which escapes rasily when the parenchyma of the lung is subjected to pressure. The hepatization does not always present the same appearance. In one case, for instance, it was in the third stage or grey hepatization, and occupied the superior lobe; in one of Dr. Waller's, the pneumonia was not circumscribed, but scattered in spots throughout the whole organ. Would not these two cases, exceptional if you will, prove that the pneumonia, and not the deposit of tubercles is the secondary lesion? Emphysema may also sometimes be met with, but seldom seen in the cases we report, not mentioned in M. Louis'

observations, but apparently of frequent occurrence in acute phthisis as observed in Prague, by M. Waller.

The Bronchi were generally healthy; in one case only, did M. Louis find small ulcerations communicating with a minute tubercular cavity. The same author records three cases of ulceration of the trachea, two of the larynx and three of the epiglottis. We have never seen these ulcerations in acute phthisis; this apparent discrepancy may be, and is explained by the fact that ulcerations of these parts are generally found accompanying phthisis in the last stage; the observations made by us relate to cases, in which no cavities were found upon a post mortem examination.

Pleura. — We found recent adhesions between the two surfaces of the pleura, but twice in our five cases. M. Louis met with it in five subjects, in two of which a deposit of tubercular matter had already taken place. In Marc d'Epine's case, old and tough adhesions bound the lung to the ribs in nearly its whole extent. In no case that we know of has any pleuritic effusion been found. The above facts support the law first announced by M. Louis, that there is a direct proportion between the pleuritic adhesions and the degree of lesion in the interior of the lung. Extensive adhesions generally accompanying tubercular cavities, of greater or less size, and are seldom or never found until the specific deposit has reached a certain degree of softening. And it may also be stated that the lung is seldom found consolidated, when there is no other cause acting but a tubercular deposit of miliary granulations. Around tubercular matter undergoing the softening process there is always a certain amount of induration, of chronic inflammation making the whole organ hard, and increasing its size to such a degree that it completely fills the thoracic cavity; in acute tuberculization on the contrary, this is so far from being the case, that whenever it happens it may be looked upon as an exception; the only inflammation we generally see being of recent date and limited in extent.

Bronchial Glands. — In about three-fourths of the cases these glands have been found filled with softened tubercular matter; being about the proportion in which they are generally found so, when the summit of the lung is the seat of cavities, etc.

Digestive Tube.—This is seldom the seat of a lesion in acute phthisis; once we found the mucous membrane of the stomach mammelonated of a rosy color and softened. In eighteen cases M. Louis found this state of

the mucous membrane three times. Twice we have found the isolated follieles somewhat elevated, but never inflamed nor softened. M. Louis found tubercular matter in these glands in one ease only, and in six others he reports them ulcerated. Mr. Johnston found ulcerations in the small intestines in one patient who died of this disease in St. George's Hospital, London. In this subject some yellowish soft tubercular matter was found in the mesenteric glands; in all the other eases these glands were healthy.

Peritoneum.—In one ease only has this membrane been found studded with tubercular matter. We have never found it the seat of a lesion—and it is probable that M. Louis' researches have met with a like result, for he makes no mention of it.

Liver.—In over five eases it was normal in size, shape, eolor and consistence, sometimes slightly congested. M. Louis found this organ fatty in three females who died on the forty-ninth, fiftieth and eightieth day of the attaek. In one case of acute phthisis, with old eavities and ulcerations of the intestines, it was also found fatty. The bile was light colored and thin.

Spleen.—M. Louis found this organ hypertrophied and softened in four eases; we found it in two of ours, and M. Johnston reports it once. Besides the increase in size, the substance itself was softened in a marked degree, and much congested. M. Waller states that he has often seen deposit of tubercular matter in its substance.

Urinary Organs.—In one of our subjects we found the kidneys studded with small tubercles, somewhat softened, and placed upon the superficies as well as in the interior. M. Louis has informed me that he met with a similar ease. Tubercular matter has therefore been found twice in the kidneys in twenty-one cases of acute phthisis.

In all the other organs tubercular deposits are still more rarely met with. Twice M. Louis found it in the ovaries. In the meninges of the brain it has been several times found, together as in M. Waller's ease, with a pseudo-membranous exudation under these membranes. In these eases, generally the brain itself was found healthy, in some a slight suspicion of softening might have been entertained, the vessels being some little congested, but no tubercular matter has ever been found in the cerebral substance itself. We have never examined the spinal marrow, but M. Waller, who has several times taken that trouble, has never met with any decided morbid appearance.

To resume, in acute phthisis we find tubercles in the different stages of

development in the lungs, in large numbers, and generally in the form of yellowish grey granulations; we also find them in other organs, in the bronchial and mesenteric glands—in the spleen, kidneys, meninges—in a word, the morbid deposit may be found in the same organs in both the acute and chronic forms of phthisis.

Must we conclude from what has been said above, that, anatomically speaking, there are two forms of phthisis; the one characterized by a deposit of tubercular matter, which afterwards undergoes the ordinary development, softening, etc., and the other of the same specific nature, which remains constantly in the stage of miliary granulations? Authors of great weight seem to have adopted this opinion. Rokitansky says "that tuberculization may be either acute or chronic; in the former case, the tubercles are deposited either at once or in successive *eruptions* as minute grey granulations, in large numbers, either discrete or confluent, but all in the same degree of evolution." He also adds, that persons are most often attacked with it who are already suffering with the symptoms and lesions of the chronic disease. This quotation from the learned professor of Vienna, exactly expresses our own ideas on this subject. Dr. Fournet, who also considers miliary granulations to be the only form in which the tubercular matter is found in acute phthisis, says that we must be careful not to exaggerate this fact, for he has found the same kind of deposit in the chronic variety. Two years ago I made a post-mortem examination of a man who died from inflammation of the lungs, and who during life had had hemorrhages and other symptoms of consumption. I found the pulmonary tissue filled with miliary tubercles.

Pathological anatomy proves, therefore, that in the acute form of this affection the lungs present a constant lesion, miliary granulation. This has been disputed, both in Germany and France; but a new and most valuable means of investigation being brought to bear upon this subject, it has, by its assistance, been established as a pathological fact. The microscope finds the tubercular corpuscle in its most characteristic form, as well in the grey granulations as in the softened mass. This even might have been satisfactorily proved without calling the lens to our aid, had preconceived opinions not clouded actual observation; for in many cases a regular succession in the development might have been traced between the smallest of these granulations and the most perfectly formed yellow tubercle. This is plainly visible to the naked eye. The progress of physical sciences has, in proving the truth of Laennec's assertion, heaped new honors on the "father of auscultation."

Inflammation has been considered the cause of the deposit of tubercles in the lungs; in the chronic form this opinion would certainly merit attention, for we there invariably find traces of inflammatory action. But in the acute it is by no means an essential condition, for we rarely, if ever, meet with it; and when it does occur the specific matter undergoes no change, it is the same where the lung tissue is inflamed, and where there exists not the slightest evidence of even congestion.

It has been given as a proof of the inflammatory origin of tubercles, that they may be caused by injecting quicksilver into the smaller bronchial tubes. We saw this experiment tried by Dr. Lebert. In the lungs of the animal, it is true, a large number of small yellowish masses, analogous in appearance to tubercles, were found scattered throughout the whole tissue; and had we been content with proceeding no further than this, our conviction might have been influenced; but upon a further examination of these bodies, aided by the microscope and Dr. Lebert's great experience, it was satisfactorily shown, that they were simple collections of purulent matter.

Symptoms—loss of appetite, thirst, derangements of the digestive canal, debility and fever, most often accompany in a more or less marked degree, the debut of acute tuberculization. In the larger number of our cases, there had been considerable debility from one to two months before the patients were actually obliged to take to their beds. During this time they lost appetite and all capability to make either mental or physical exertion of any kind, and were, besides, troubled by some slight cough. Then suddenly, at times, without any appreciable cause, at others, from trifling exposure or indiscretion at table, they are seized with chills followed by fever, which is never succeeded by anything like the sweating stage.

The fever increases, the slight stich in the side which was felt at first now becomes a severe pain, dyspnea more distressing and accompanied by considerable anxiety, or at other times head symptoms make their appearance with delirium and coma, which closes the scene. Upon auscultation scarcely anything abnormal is heard, sometimes a few scatter sub-crepitant ronchi, gradually becoming sibilant and sonorous, and occupying the lung in nearly its whole extent, both in front and behind; or the patient may die with head symptoms alone. But it is most commonly by pneumonia or tubercular inflammation of the envelopes of the brain that the disease terminates.

From this general *exposé* we see that the symptoms vary and are by no means constant. We will next proceed to consider each one of these separately, and afterwards in the relation it bears to the others. Those characteristic of the complications, pneumonia meningitis or typhoid fever, we, of course have nothing to do with; we would merely mention, however, that when acute phthisis is accompanied by the fever last mentioned, it becomes almost impossible to make a correct diagnosis.

(*To be continued.*)

The Ricinus Communis

AS AN EMMENAGOGUE AND GALACTAGOGUE.

The following observation of two cases of amenorrhœa, reported by Jules Cartier, resident student, Charity Hospital, were handed to us by Prof. G. A. Nott, in whose wards they occured:

It was Dr. J O. M'William who first called the attention of the profession to the use of the *ricinus communis* as an emenagogue and galactagogue, after a visit to the Cape de Verde Islands, where he saw it used commonly and with much success by the natives. The plant is called, in the language of the country, Bofareira, and from his account its action is wonderful. In illustration of its power to bring on the milk secretion, he mentions the case of a child who was wet nursed by a woman who gave milk produced by the Bofareira; the nurse had borne children in early life, at which time she lost her husband, she had since lived in a state of virtuous widowhood. Another case where a woman who had not had children for ten years yielded a sufficiency of milk, after the use of the plant, to function as wet nurse. Dr. M'William was unable to ascertain with certainty what the galactagogue action of the plant was on virgins, or on those who not being virgins had never borne children, but with regard to the latter class, he was credibly informed that its effects were the same as in the case of child-bearing women.

Dr. Tyler Smith made use of the Ricinus as an emenagogue in several cases with complete success. In one case reported by him the catamenia appeared after an application of the leaves to the breasts and the vapor of a hot infusion to the genitals.

There are two varieties of the plant, the white and red; the latter is care-

fully avoided, as it is a violent irritant and produces an inordinate flow of the menses.—[*Editors.*

Clara Shymaski, brought to the Charity Hospital 25th December, 1853, bed 522, ward 34; the following was gathered by Dr. Nott, physician to the ward: She had had amenorrhœa for six months, with vomiting of blood at short intervals; wandering pains throughout the whole body, and a fixed pain in the right hypochondriae region. The skin around the margin of the umbilicus was of a reddish hue, and from the centre there exuded a milky fluid, which she has observed for nearly three years; she had dull pains in the temples recurring frequently; insomnia with nightmare, which caused much disquietude; but little appetite. The patient had yellow fever in 1853, at the same time as her husband, whom she was unfortunate enough to lose; to grief at this bereavement, together with the privations which were consequent, and to bad medical treatment for subsequent mental and physical disorders, may be traced the chain of symptoms, of which the above is a synopsis.

After three days' treatment directed to the relief of the most urgent symptoms, Dr. Nott ordered the following: four or five ounces of the leaves of the *palma christi* (*ricinus communis*) to be boiled in six or seven pints of water; with this decoction: the breasts to be rubbed, for ten or twenty minutes three times daily, afterwards the leaves applied to the parts and permitted to dry, the treatment to be continued for three days, when if no good result followed, to be abandoned as useless.

On the second day of treatment a few drops of menstrual blood appeared; on the third, the menstrual flow occurred and lasted for several days; the patient after this experienced great relief, and was better than she had been for a long time; her apppetite returned, together with good spirits. She left the hospital on the 19th of January, completely well.

It may be well to remark, that during the application of the remedy, the patient experienced sharp pains in the breasts, which, however, disappeared after its discontinuance.

Margurite Blans, aged 18, arrived in this city from Havre, towards the end of October, 1854; was brought to the Charity Hospital on the 15th December; sick eight days with typhoid fever with pulmonary symptoms. The disease progressed and assumed a grave character, great prostration, with very feeble pulse, no appetite, much thirst, indisposition to converse, oppressive pain in the chest notwithstanding a diminution of the pulmonary engorgement; there was great doubt as to the termination of the dis-

ease, when I discovered by questioning her, that she had not menstruated since her arrival in New Orleans; this fact was communicated to Dr. Nott, who ordered a trial of the treatment mentioned in the first case. The results were equally happy; on the third day the menses began and lasted for several days. Her health rapidly improved, her appetite re-appeared, and in a short time she regained sufficient strength to leave the hospital, after a sojourn of one month.

A Series of Clinical Lectures on Syphilis:

Delivered at the "Hôpital des Vénériens," Paris, 1851, by Dr. Philip Ricord,

From Notes taken by Samuel Choppin, M. D.

[Concluded.]

NO. XVIII.

Gummy Tumors of the Cellular Tissue and Muscles.—The same plastic degenerations which we have already described in syphilitic sarcocele, are often met with in other tissues and organs. These alterations are very common in muscles, and especially in muscles of the extremities. I have found the flexor muscles oftenest affected. They may develope themselves in all the cellular elements of the lungs, liver, brain, testicle, and heart. The tumor produced by this alteration, is elastic, and yields to the hand a sensation as if it were filled with gum. It mostly begins with a hard kernel, of a small size, situated in the deeper layers of the skin, it grows very slowly, without producing either local or general reaction, and is generally solitary. When gummy tumor is left to itself, or treated by mercury, it will inevitably suppurate; and before the use of the iodide of potassium was introduced, it was looked upon as incurable, so much so, that cauterization and excision were the means resorted to in order to effect a cure.

When this plastic degeneration occurs in muscles, the muscular tissue seems to undergo a sort of coagulation, and contracts; but this contraction is hardly noticeable as long as the muscle gets passively shorter. The phenomena which I have pointed out, as marking the affection in the testicle, reappear in such a case. There is first a simple plastic degeneration, which may, by proper treatment, entirely disappear, without any sort of deformity being left behind; but if the disease is allowed to reach a more

advanced stage, the result may be either a complete atrophy, through resorbtion, or a fibrous or fibro-cartilaginous transformation. This complaint is not painful, and the patients become aware of it merely by the difficulty they experience in performing the different motions of the limbs. They only complain when their muscles are put in extension, for all motions of flexion are performed without the slightest inconvenience. The muscles in undergoing this sort of coagulation, which finally causes the disappearance of all muscular fibres, retract, and the disease progresses unchecked, atrophy and a persistent flexion are the result. I have witnessed this same plastic degeneration in the heart; the walls of the ventricles presented in many places a tubercular-looking yellow matter, creaking when divided, without vascularity, of a schirrhous consistence in some points, and in others, analogous in appearance to tubercular matter undergoing softening.

Surrounding the whole of these morbid productions, we did not remark any pushing aside of the muscular fibres, for the muscular fibre itself had degenerated into this substance. We could, in fact, trace the evolution of this transformation, which seemed to have commenced with the blood combining with the fleshy fibre.

Wherever cellular tissue exists, gummy tumors may make their appearance; it generally occurs where cellular tissue is less dense. Like that in muscles, it is never preceded by any pains, and it is only in a state of suppuration that it becomes annoying; in that case the tumor always softens, commencing in the centre. After it has suppurated, and the tumor completely disappeared, the parts heal up, but leave an excavated cicatrix which resembles in all, those produced by burns. One feature worthy of observation is, that during the existence of these tumors, whether they suppurate or not, the neighboring ganglia are never affected. A gummy tumor in a state of suppuration might easily be mistaken for an indurated chancre, for the resemblance is striking; the only difference is that with an indurated chancre you inevitably have induration of the corresponding ganglia. In their first stage, gummy tumors resemble also furuncular eruptions; but we are always able to distinguish them, for in furuncles the skin is always primarily affected, while in elastic tumors the inflammation of the skin is consecutive. In furuncular eruptions, the neighboring ganglia are always painful, and remain so until the core is discharged; while in plastic tumors such is never the case. The scrotum is a favorite region for the development of gummy tumors, on account of its loose cellular tissue;

they have been mistaken there for cancers, but the absence of lancinating pains and the small size of the tumor in syphilitic plastic degeneration, should always prevent one from making such an error.

When gummy tumors are developed in the *velum palati*, their prognosis then becomes more serious, for the deformity they may produce in suppurating, is sometimes very great; fortunately, however, of all symptoms, they yield most rapidly to a well directed treatment.

When these tumors are developed in the brain, as they sometimes are, we have all the symptoms of softening; and when they exist in the lungs, we sometimes have all the symptoms of phthisis.

Tertiary symptoms of the Fibrous and Osseous Tissues.—Owing to the great improvements brought about in the treatment of syphillis, syphilitic affections of the bones have become comparetively rare. The first phenomena which raise a suspicion that such lesions have taken place, are the characteristic tertiary pains in the bones. Undoubtedly, these pains, which I have denominated *douleurs osteocopes*, can exist and disappear, without there being any organic lesions in the regions which they occupied; but generally they are the forerunner of periostitis or ostitis. These pains are fixed, and generally have their seat in those regions which are subsequently to become involved in organic lesions; the slightest pressure, the slightest contact produces them, but it is the heat of the bed which aggravates them beyond conception. They are generally nocturnal, but this is not a characteristic feature, for *bakers*, who make day of night, are troubled with these pains on going to bed. The tardy period at which these pains appear, their seat in regions which afterwards become specifically affected, will always distinguish them from those vague and superficial pains which appear in the neighborhood of joints, and which we have already described in speaking of secondary syphilis. These pains mostly occur in the following bones:—internal and anterior part of the *tibia*, cranium, clavicle ulna, radius fibula, inferior maxillary metacarpal, malar and nasal bones.

Syphilitic affections of the periosteum and bones, were hardly described before the fifteenth century; but they evidently existed before that period, and we can only account for their not being mentioned, by supposing that attention was not directed toward them. It has long been held that these pains were the effect of mercury; but to prove this assertion to be untrue, you need but recollect that they were mentioned during the epidemic of the fifteenth century, a period when mercury was

not used for diseases affecting the system at large. And to make this still more evident, it may be added, that at the time when mercury was laid aside for a milder treatment, I have watched patients through the whole series of secondary symptoms, and seen them get at last affected with lesions of the bones.

Pure periostitis is probably of a rarer occurrence than is generally thought. Those tumors called *periotosis*, or nodes due to exudations from beneath the periosteum, and which detach this last membrane from the bone, is much oftener produced by superficial ostitis than by inflammation of the periosteum. These tumors always have their seats in the most superficial bones, such as we have mentioned in speaking of the tertiary nocturnal pains. They are sometimes of a chronic nature; but generally they assume an acute character, are very painful to the touch, and give to the finger a sensation of fluctuation. The skin covering them may remain for a long time perfectly free from any alterations, even free from adhesions. Nodes may terminate by resolution, but they may also suppurate from abscesses, or they may terminate by an exostosis resembling an epiphysis.

Nodes present three distinct varieties. The first variety, very often slow in progress, but much oftener of a rapid development, generally terminates by resolution. They contain a serous fluid, sometimes seroalbuminous, and at other times resembling strumous pus, or synovia. The second variety presents more acute symptoms, and suppuration of the bone soon sets in, either primarily or consecutively. The third variety, the development of which is slower, and which is of itself painful, consists in a plastic effusion, which occurs between the periosteum and the bone, or within the cells of the periosteum. This effused matter becomes thick, undergoes a fibrous transformation, and is converted into cartilage, and at last may terminate in ossification or eburnation.

Syphilitic Ostitis.—The same bones and regions which we have already stated as being oftenest affected by nodes and tertiary nocturnal pains, are generally the seat of specific ostitis. Though slow and chronic in its progress, this affection may assume an acute form, and the inflammation which may have been manifested for a long while by deep nocturnal pains, may suddenly show itself externally, by swelling, heat, redness and pain. The tumor which is the result of specific ostitis, may be due either to the reproduction of new bone, just as in provisional callous, or it may be owing to the organization of the plastic matter, and then the transformation of

that matter into bone constituting that variety of exostosis growing as a sort of epiphysis. Two sorts of exotosis are then produced by syphilitic ostitis; first, the parenchymatous exostosis, that generated by bone itself; second, the exostosis resembling an epiphysis. Syphilitic ostitis terminates by resolution, suppuration or caries, by necrosis or *induration* constituting exostosis by eburnation.

Resolution is easily attained when the swelling is confined to the cellular texture of the bone, or to an effusion of plastic lymph. When the affection has for its seat spongy bones, such as the bones of the face and the maxillary bones particularly, suppuration then is common and rapid. Necrosis is a frequent termination of ostitis, and is very often observed in the bones of the head and face, the ethmoid and vomer especially. When the tertiary symptoms settle upon the vomer, the patient is seized with frequent nocturnal headaches, and sharp pains at the root of the nose. Patients are then troubled with coryza, which resists all ordinary means; the secretion of the part becomes muco-purulent, and sometimes altogether purulent. The pus thrown off often contains an osseous detritus, and exhales a very offensive smell. When the tumor is necrosed, the nose falls in, the nares are turned directly forward, instead of looking directly downward, and the tip of the nose points upward. Inflammation often affects the palate bones, and passes through the stages which I have just described with reference to the nasal bones.

Ostitis and the subsequent exostosis, may, by their development, act upon parts and organs in their immediate vicinity, and thereby occasion symptoms of a very serious nature. I have seen complete paraplegia produced by nodes developed in the spinal canal, and I have also seen complete paralysis of the seventh pair from syphilitic caries of the temporal bone.

The prognosis of tertiary syphilis is always grave; it shows that syphilis has made deep inroads into the constitution, and that its cure will require time, and a treatment which demands patience on the part of the surgeon and the patient. Although we may often triumph over the disease, we are liable to see it return; and there are cases in which our treatment can only be palliative, or the patient having consulted us too late, is obliged to bear the deformities which nature is unable to remove, although art may frequently alleviate them.

Syphilis in this tertiary period, is no longer hereditarily transmissible, but it then modifies the system in a different manner, it engenders scrofula.

Diagnosis.—In diagnosing tertiary syphilis, we should be guided by rational principles, such as:—the history, the antecedents, the course, concurrent circumstances, treatment, and character of the affections.

Treatment of Tertiary Syphilis.—The prevention of the tertiary by a well directed treatment against the primary or secondary symptoms, is, under all circumstances, the best thing that can be done. But when we have decided tertiary symptoms to combat, our sheet anchor is the iodide of potassium. If there be no counter-indications, I begin with one drachm daily, which drachm I divide into three powders, and order one to be taken three times, daily, in a wineglassful of decoction of hops or snake root. If no beneficial effects are produced with this dose, I increase it to the extent of twenty grains every five days, until I reach two drachms a day, which I have scarcely ever found it necessary to go beyond.

Independent of its curative effects, iodide of potash may produce in different parts of the system, symptoms which it would be well to mention.

Generally, this remedy is well retained by the digestive apparatus. Sometimes, however, the patients complain of a sense of weariness, of a pain, in fact, in the great cul de sac of the stomach; this pain has some analogy to pleurodynia, but the fact of its being deeper seated than this last, makes it readily distinguishable. In some cases thirst is increased, though generally the appetite alone is rendered more active and nutrition enforced.

I have but very seldom seen it produce vomiting or diarrhœa. It is not at all uncommon to see iodide of potassium act as a sialagogue, and produce a profuse salivation resembling that which occurs in pregnant women, which consists in a hypersecretion of a salty and bitter saliva, which may resemble to some extent, mercurial ptyalism, for in some patients this flow of saliva is followed by a little redness and swelling of the gums; but neither ulceration nor mercurial fœtor are ever present. The most common effect produced by the administration of iodide of potassium, is that which it has upon the pituitary membrane and conjunctiva. Most of the patients at the beginning of this medication, are affected with an acute coryza; others are taken with catarrhal opthalmia, with serous chemosis and œdema of the lids. These inflammations, however, never terminate in suppuration; sometimes a slight bronchitis is the result, or an eruption on the skin simulating acne, or ecthyma makes its appearance—these last are exceptional cases however. Urinary secretions are greatly increased by this remedy. It seems to have no decided effect on the circulation. In

some cases the nervous system seems to suffer somewhat, with a sort of *iodine intoxication*, (if I may so call it) manifested by a want of precision in the voluntary motions, subsultus of the muscles, cephalalgia, drowsiness, and even intellectual disturbance. It has been urged against iodide of potassium, that it produced atrophy of the glandular system, and especially of the mammæ and testicles; but, fortunately, it has no such influence over those organs in a state of health.

When these inconveniences spoken of above are produced, we should then diminish the dose of the remedy or suspend it entirely; but on the other hand, when the symptoms against which it is directed, disappear, we should always continue the same dose which produced this amelioration, and only increase it when the diseases remain in *statu quo*, or progresses.

When iodide of potassium is directed against well defined tertiary symptoms, its beneficial effects are never delayed beyond the second week, but they may show themselves much sooner.

Sometimes we meet with secondary and tertiary forms of syphilis in the same individual. When these symptoms of transition present themselves, I have found it very beneficial to use mercury in combination with the iodide of potassium. In such cases I use the proto-iodide of mercury, and never have had to complain of the injurious effects of the double combination of the iodide of potassium with the iodide of mercury, producing the bin-iodide which theoretical practitioners have so much talked of.

To Wallace belongs the credit of having first used iodide of potassium in syphilis; but to him also was due the disrepute into which this invaluable medicine fell, for he used it in primary and secondary forms of syphilis, where it did more harm than good. I was the first, I think, to confine to tertiary symptoms the use of iodide of potash in large doses.

In speaking of the general treatment of tertiary syphilis, we should not lose sight of the local treatment of its different symptoms. For instance, in syphilitic sarcocele, we should assist the action of the iodide of potash by frictions of mercurial ointment to seat of pain, by an application of the emplastrum vigo *cum mercurio*, and compression by means of adhesive straps.

When we have to deal with tubercular ulcerations of the skin, and subcutaneous cellular tissue, and they be complicated with inflammation, we must have recourse, in conjunction with the general treatment, to antiphlogistics, emollients, sedatives and narcotics. If they be of a chronic nature, a very good application consists in unctions made with one part of proto iodide of mercury to twelve of honey, the emplastrum vigo

can also be used advantageously; but the best of all applications, especially if there be deep ulcerations, is a lotion composed of—

Tincture of Iodine, ʒij.
Iodide of Potash, q. s.
Water, ʒvi.—M.

Sometimes, however, it becomes necessary to have recourse to deeper cauterizations, with nitric acid, corrosive sublimate or nitrate of silver. When we have nocturnal tertiary pains, which are at times excruciating, we can use leeches, anodyne poultices, narcotic frictions; but the most potent of all applications, is a blister to the seat of pain. Its effects are sometimes marvelous. How often have I had opportunities of showing you patients who had been deprived of sleep for weeks—nay, for months, who were relieved by blisters in twenty-four hours. After the removal of the blister, it is well to apply some salve containing opium. In some cases more refractory, it becomes necessary to favor suppuration of the blistered surface. The local treatment of periostitis or nodes, does not much differ from that of tertiary pains; to the applications already spoken of, I generally add local frictions of mercurial ointment, lotions of the tincture of iodine. Blisters also act very well in these cases.

If these means fail, and the disease does not recede, we can make use of compression whenever the seat of pain will allow it. If the nodes go on to suppuration, we must not wait for the pus to burrow through the neighboring tissues, but should at once make large incisions into the tumor.

In the beginning of ostitis, we should make use of the same remedies recommended in nodes and osteocopia; but when suppuration has taken place and caries and necrosis follow, we should never neglect removing at once, the dead parts, and especially if it be in the face. You must be well convinced of the fact that caries engenders caries; that once a bone, or a part of a bone is destroyed, nothing will restore it to life, and, therefore, the sooner its removal the better.

When ostitis has produced exostosis, and if it be in a state of eburnation, we should only operate when these tumors produce too great deformities, or when they interfere with the natural functions of neighboring parts.

Case of Necrosis of the Tibia.

Reported by T. J. Lockett, *Student, Charity Hospital.*

M. S., aged 33 years, born in Kentucky, and came to Louisiana in 1848. In January, 1854, she fell and hurt her leg. Severe inflammation followed; the parts sloughed and the bone became exposed. She was treated

by a surgeon in the city during five months, in which time he chiselled off some small portions of dead bone from the tibia.

Her leg continued to get worse, and she applied for admission into the Charity Hospital. When she came in, her whole condition was very bad. She was pale and haggard, and her constitution seemed to suffer intensely. The leg was very red and inflamed, and a considerable portion of bone was entirely exposed and perfectly loose.

She was put under a course of treatment necessary to prepare her for an operation. On the 13th of March, Professor Hunt operated. The sequestrum being loose, free incisions were made, and it was easily removed with the forceps. The first piece taken measured eight inches in length, and weighed about two ounces. Some other smaller pieces were taken away, and no more being observed, the wound was dressed and she was sent back to bed, and ordered to have a generous diet.

Three or four days after the first operation, some more small portions of bone were discovered loose, and, with some difficulty, were removed. One of these measured about six inches in length, and weighed about an ounce; two other small pieces measured about two inches.

After this she began to improve, and the parts granulated rapidly; she is still under treatment, but doing well.

This woman, from her appearance, would seem to be of a scrofulous diathesis, although she does not exhibit any positive signs of it. She says that she has never had any syphilitic disease or anything of the kind.

Excerpta.

Startling Abuses in The Retail Drug Trade—*The Remedy.*—There is no business whatever in which the public ought to feel more interest, and to which they pay less attention, than the retail drug trade. If a man wants a dose of medicine, he thinks it sufficient if he get it out of some store with a projecting window with a big red and blue bottle in it. It never occurs to him to consider whether the druggist is acquainted with his business, and a judge of the quality of the medicine which he dispenses.

To qualify a man to keep a drug store, a thorough knowledge of Latin is requisite. He should know at least the rudiments of the Greek language, and be practically acquainted with Chemistry and Botany. He should have such an accurate acquaintance with medicine as to be able, at a glance, to detect impure and spurious drugs. How few of all those in the business are so qualified?

Too often, the drug business affords a refuge to those who have failed in other businesses. Men who "burst up" in dry goods have succeeded in drugs, and got rich on their little quackeries and nostrums. All these gentlemen stick M. D. to their names, and will "undertake" anything, from the manufacture of "refined liquorice" to the "embalming of the dead," whom they will warrant to keep until the general resurrection.

These pretenders foist off molasses and water as a blood-purifier, under the name of sarsaparilla. They are the sole inventors of some wonderful remedy for coughs and colds. Their cholera and cholic mixture is quite infallible, while their venereal remedies, which they, delicately, style "vegetable elixirs," were never known to fail in effecting a speedy cure.

Many of these empirics have stores in the meaner districts of the city, and it is astonishing what sums they receive for their "advice" from the poor. They lie in wait for thoughtless sailors, and reckless California passengers, and "screw out" of them large sums for medicines to protect them from the diseases and influences of any climate!

A great many drug stores belong to physicians; but as it is considered *infra dig.* to be connected with a store, they usually carry on the "shop" under another name. In such cases they avail themselves of the services of some unfortunate foreigner, whose necessities compel him to accept of from $3 to $5 a week, the usual pay of drug store clerks for seventeen hours' attendance daily for six days in the week, and nineteen hours on Saturday.

There is more ignorance or rascality displayed in the drug trade than in any other. The quantity of spurious drugs which is introduced daily into New York is immense. Besides, the adulterating of drugs is carried on as a regular business in this city. It is only a short time ago since an advertisement appeared in one of our contemporaries for upwards of a week "for a person acquainted with the adulteration of drugs." No doubt the advertiser had, to use a business phrase, "a host of applicants." The sale of these adulterated drugs proves one of two things: First, that the retail druggists, being ignorant of their business, buy these drugs as genuine of the wholesale houses; or that, being acquainted with their business, they buy them for the sake of the extra profit which such drugs will fetch. It is not uncommon for even "respectable" druggists to "palm off," at sixpence an ounce, common senna, which costs fifteen cents a pound, for Alexandria, which costs from seven to nine cents a pound extra. Three hundred per cent. profit would satisfy most traders, but the druggists go in for from four to five hundred per cent., and as much more as they can get, but inasmuch as most of their stock is perishable, and they are obliged to keep a large assortment for which there is very little call, this per centage is not as unfair as may at first seem.

From what we have said, some might suppose that the adulteration and imitation of drugs were confined exclusively to the wholesale trade. But such is not the case. Labels for French perfumery and for various patent medicines are to be had in all the wholesale stores, and are bought and used extensively by almost every retail store in the city.

Quack medicines, for the sake of the one hundred per cent. profit which they yield, are sold by every retail store in the city; while the most simple analysis or synthesis would show that they are not only deleterious but positively poisonous.

One, who was a farm laborer, then a horse-jockey, and now is self-styled an M. D., who has a store and manufactory a few miles from town, and a "desk" in an office in the city, informed us some time ago of the ingredients of one of his nostrums, which is regularly advertised as "one of the blessings of the age," and asked our opinion of it. On expressing our surprise at his daring to sell such stuff, he admitted that the "blessing was a leetle strong," and that on being *dared* to drink a twenty-five cent bottle of it, he nearly killed himself, although he vomited the whole in half an hour after taking it.

As the imitation and adulteration of drugs is not confined to the wholesale houses, neither are all the other rascalities in the business to be laid at their doors.

Our readers cannot fail to have noticed the great number of drug stores which

are daily advertised for sale in all parts of the city. The preparing and stocking of these stores for sale is carried on as a regular business. An old mechanic or bankrupt dry goods man has sometimes two stores "doing an excellent family business, in most desirable localities," for sale. Before the stores are advertised, a complete supply of tinctures is made up—and such tinctures! The directions of all the dispensaries are set at nought. The tinctures (!) are made up without regard to quality. Cheapness and profits are the only objects in view. A complete stock of the best imitation of genuine medicines is laid in, fictitious transactions are entered in the "Daily Cash Book," and the daily sales are increased by a convenient medical process. And now the store is ready for sale.

The ignorance of those in the drug business, and the negligence and carelessness of physicians, lead to innumerable mistakes, many of which prove fatal.

The United States, London, Edinburgh, and Dublin, publish each a *Dispensatory* or *Pharmacopœia*, for the guidance of apothecaries and physicians. Many of the names for the same drug are entirely different in each of these works. It might be supposed that our medical men would confine themselves in writing their prescriptions to the nomenclature of that very able work, the *United States Dispensatory*.

Such, however, is not the case. It would be difficult to say where many of them picked up their Latinity. It would astonish the men of a much later period than that of Cæsar or Cicero.

We have recently had access to upwards of two thousand prescriptions. About fifteen hundred of them showed that the writers were entirely ignorant of the declensions to which the various nouns used belonged. Many of them were written in pencil, and almost illegible. If a medical man be applied to in bed for a prescription, he may be excused for using a pencil, but in no other situation. Before a prescription reaches an apothecary it is, not uncommonly, well creased and thumbed, and, if in pencil, next to illegible. No patient who is able to pay his physician, should accept from him a prescription in pencil, or one which is indistinctly written. Such lead only to mistakes.

When an erroneous prescription is presented at the drug store, the prescription, if the druggist be ignorant of his business, is made up exactly as it is written. If the druggist knows the nature and quality of medicines, the prescription should be sent to the physician to be corrected. But as no professional man likes to be convicted of an error, it is very seldom that he hears of his own mistakes. A conscientious apothecary informed us that when he first commenced business, he made a practice of sending all erroneous prescriptions back, but as he invariably lost the custom of the medical men to whom these were sent, he changed his custom and corrected the mistakes himself.

We are informed of a fatal mistake which occurred a few weeks ago. A prescription in which a most unusual quantity of prussic acid, with three or four other ingredients, was ordered and left at a drug store. The clerk of the store hesitated to put up the prescription in the absence of his employer, and, unwilling to lose a little custom, stated that it was necessary to send down town for one of the ingredients, and that the medicine would be ready in an hour or two. The patient was anxious for the medicine, and sent twice for it. He soon called a third time, and stated that if it was not ready, to give him the prescription, and his father would get the medicine elsewhere. The prescription was returned and made up by some one more ignorant or less scrupulous, and next day the lady was dead of a diseased heart! Diseased hearts cover a multitude of mistakes!

It frequently happens that some drug is ordered which is not in the store of the apothecary to whom the prescription is presented. In such a case, if he be an unscrupulous person, he substitutes some drug of what he considers a similar quality for the one in question. A case of this kind occurred some time ago in the practice of an acquaintance. He was attending an engineer of a Southern steamer, who was suffering severely from fever and ague. After giving very powerful doses of quinine, the physician ordered podophyllin. The prescription was taken to a drug store in the vicinity of the wharf at which the steamer was lying, and the proprietor having no such medicine, supplied jalap in its stead. Next morning the patient was raving mad, and had to be transferred to the City Hospi-

tal, and lost his herth on board of the steamer. When the physician called next day at the drug store to examine the podophyllin, he was so astonished at its effects, he was informed by the apothecary that his clerk had not much experience, and had used the one medicine for the other!

Numerous mistakes occur in stores which frequently change owners. Drugs, in such stores, are put into jars, bottles, and drawers, with names applicable to other medicines. This, too, is frequently done, as some unprincipled druggists say, to test the ability and knowledge of their clerks. It is not uncommon to see a whole "nest of drawers" without a single label on them.

A narrow escape from culpable carelessness of this kind occurred in a well-frequented drug store which recently changed proprietors. The clerk's account of the mistake was that, when busy in making up a long *minim* prescription, a girl entered the store crying, and asked for three cents' worth of a medicine very little used. A jar, on which were a gilt and a paper label—the latter intended to intimate that it bore the name of the medicine it then contained, which was that asked for—was hurriedly taken down for the first time that the clerk had been in the store, and the girl was served out of "her turn." Most providentially, the physician was waiting beside his patient, a child, to administer the medicine, when he discovered that a drug had been sent which would have destroyed life, with great agonies, in a few minutes. So much for false labels!

If medical men were aware of the absolute trash which is sold for medicine, they would be careful in recommending particular stores. While many physicians accept of twenty-five per cent. on the amount of business which they send to the stores of their friends, such recommendations will be viewed with suspicion. They should abandon a per centage which, to say the least of it, is deserving of reprehension.

What, then, you ask, is the remedy for this state of things? We answer—first, in so far as the public is concerned. Avoid all stores in which there is a continual change of clerks, and especially if you should be satisfied they are not receiving more than $5 a week. No competent person, except in extreme distress, would accept of such a sum. Avoid all dirty stores; all stores, which, from a patch-work like appearance—jars of various sizes and of different patterns, with dissimilar labels—give evidence that they have changed hands repeatedly; all stores where everything is not carefully labelled; and where there is a total absence of anything like system. If you see one set of tinctures on one side of a store, and another set opposite; oils divided in the same manner; spirits, essences and syrups ranged together; and roots, flowers and seeds jumbled together; and other things in similar confusion;—though you know nothing of medicine, you may be assured that there is neither method nor system in such a store.

Secondly, in so far as the trade is concerned. There a *few* well educated and thoroughly bred druggists in the city. Let them unite and appoint, for their examination, the very best professors they can obtain in Latin, Chemistry, Botany, and Materia Medica. Let these druggists submit to a searching examination, and obtain a diploma of their qualifications. Such diplomas, by giving the public confidence in their abilities, will increase their business, and leave their uneducated brethren to the neglect they merit.

There is another plan which might be adopted by the public for its safety and satisfaction, but to it we cannot allude in this article.—*New York Daily Times.*

The Relations existing between Urea and Uric Acid—*by William A. Hammond, M. D., Assistant Surgeon U. S. Army.*—The origin of urea is still somewhat undeterimined, though numerous observations and experiments have been made by physiologists with the view of ascertaining the source or sources whence it is derived. That it is furnished, in part at least, from the metamorphosis of the effete nitrogenous tissues of the body is beyond douht, and is admitted by all; but that it is also derived from the oxidation in the blood of the albuminates taken as food, without their previous conversion into tissue, is not so generally received.

Liebig, Bisehoff, and others, hold that urea can have no other source than the metamorphosis of the worn-out tissues, and entirely rejcct the thcory which ascribcs its origin in part to the oxidation of thc albuminatcs of the blood; whilst this latter view is supportcd by Lehmann, Frerichs, and Bidder and Schmidt, who adduce many experimeuts in confirmation of their opinion.

I do not intend, however, at this time, to discuss the qucstion of the origin of urea. My object now is, to give the results of some experimeuts undcrtaken with the view of ascertaining whether the theory of Liebig, in regard to its formation from an intermediate substance (uric acid), could or could not bc sustained by further investigation.

This hypothesis of Liebig, and the facts and inferences hitherto relied upon to sustain it, may be statcd generally in few words. He assumes, as the groundwork of his theory, that uric acid is one of the primary products of the mctamorphosis of those tissues, which, being worn out, are unable to resist the chemical aetion of oxygen.

Thc following formula shows how this conversion may be effected from the oxidation of protein, a substanee entering essentially iuto thc composition of all fibrous tissucs:—

	C.	N.	H.	O.		C.	N.	H.	O.	
1 atom protein	48	6	36	14		15	6	6	9	1½ atom uric acid.
91 atoms oxygen				91	=	33			66	33 atoms carbonic acid.
								30	30	30 " water.
	48	6	36	105		48	6	36	105	

The uric acid thus formed is, according to Liebig, resolved, by further oxidation, into urea and carbonic acid, as follows:—

	C.	N.	H.	O.		C.	N.	H.	O.	
1 atom uric acid	10	4	4	6		4	4	8	4	2 atoms urea.
4 atoms water			4	4	=	6			12	6 " carbonic acid.
6 " oxygen				6						
	10	4	8	16		10	4	8	16	

According to this hypothesis, urea should be the predominant principle in the urine of all animals which lead active lives, and consequently inspire a large proportion of oxygen, more than is required for the formation of uric acid; and this latter substance, being first generated, should be converted by the surplus oxygen into urea and carbonic acid, and consequently should not be found in the urine of these animals, or, if present, should be but in small quantity,

On the other hand, in animals of sluggish habits, breathing but feebly, and consequently taking in but little oxygen, we should not expect to find urea, for uric acid would probably be the highest degree ef oxidation the effete tissues or albuminates of the blood would be capable of assuming.

It also follows, from this theory, that the character of the food must exercise a very important influence in determining the formatiou of urea from uric acid. A non-nitrogenized diet, from containing a large proportion of carbon, should abstract oxygen in such quantity as to prevent the conversion of all the uric acid into urea, and consequently the former substance should exist in excess; whilst, from a highly-nitrogenized ingesta, the conversion ought to procced under more favorable circumstances, and urea be found in greater abundance than would otherwise be the case.

Now, in fact, we find that these conditions do exist to a considerable extent. The urine of lions, tigers, dogs, etc., animals of active habits, inspiring a large quantity of oxygen, and eating highly-nitrogenized food, contains scarcely an appreciable amount of uric acid, though urea is found in abundance; and the urine of serpents, whose slothful disposition and sluggish respiration and circulation are well known, consists of little else than compounds of uric acid, no urea being present.

There are several other facts on record which tend to support the view of

Liebig. Thus, Wöhler injected urate of potash into the veins of rabbits, and uniformly found an increase in the amount of urea eliminated by the kidneys. Dr. Frick has noticed that, in the convicts of the Maryland Penitentiary, uric acid was in excess in those who were allowed but little exercise, and that in the same persons the quantity of urea was proportionably diminished. In those, on the contrary, who, from the nature of their occupations, underwent more muscular exertion, he found a larger amount of urea, and a corresponding diminution of uric acid. He also found that in those to whom cod-liver oil (a substance containing a large amount of carbon) was administered, the quantity of urea was diminished in proportion to the amount of oil taken. (*On Renal Affections, p.* 113.) Dr. Frick does not state, however, whether under this last condition the amount of uric acid was augmented or diminished.

In opposition to the hypothesis of Liebig, the experiments of Lehmann are to be taken into consideration. This eminent physiologist found, from observations made upon himself, that the uric acid was in excess at the same time with urea, and *vice versa*. Thus, whilst living on an animal diet, the quantity of urea daily excreted was 821.37 grains, and of uric acid 22.82 grains. On a non-nitrogenized diet, the urea amounted to 237.90 grains, and the uric acid to 11.34 grains; these substances bearing a more opposite relation to each other than should obtain, provided Liebig's theory be correct.

The fact that birds excrete no urea—their urine, like that of serpents, consisting of compounds of uric acid, whilst in their habits and physiology such a wide difference otherwise exists—is also opposed to Liebig's theory, and, in the present state of our knowledge, is absolutely irreconcilable with it.

Without, therefore, pretending to decide a point upon which there is so much conflicting testimony, but with the view of contributing towards its elucidation, I instituted the following experiments, the first series being performed upon myself:—

1. The object of the first experiment was to ascertain the normal quantities of urea and uric acid excreted by the kidneys in twenty-four hours, an average amount of food and exercise being taken.

I reckoned from 7 o'clock A. M., having first passed the urine which had accumulated in the night. During the day, I ate sixteen ounces of animal food, and twenty ounces of vegetable food, consisting of bread, potatoes, and turnips; drank twenty-two ounces of water, and eight ounces of strong coffee; walked two and a half miles, and rode about three miles on horseback; took no other exercise. The mean temperature for the day was 74° Fahrenheit. I passed thirty-one ounces and two drachms of urine, of specific gravity 1.021. The total amount of urea, as determined by Liebig's method with the nitrate of mercury, from 1,000 grains of the whole quantity of urine, was 682.09 grains. The total amount of uric acid, as determined from 1,000 grains of the whole quantity of urine, was 13.72 grains.

These, then, may be regarded as the average normal quantities of these substances excreted by the kidneys in my own person, and as standards for the ensuing experiments.

2. The object of the second experiment was to determine the influence of exercise on the secretion of urea and uric acid, the diet being as in the first experiment.

As previously, commenced at 7 o'clock A. M. During the day, ate and drank the same articles and quantities of food as in the first experiment. Walked briskly eight and a half miles, over a hilly country; rode ten miles on horseback; pitched quoits for two and a half hours; slept six hours. Mean temperature for the day 76°. Passed thirty-four ounces and one drachm of urine, of specific gravity 1.024. Quantity of urea (determined as in the first experiment) 864.97 grains; uric acid 8.21 grains; showing an increase in the amount of urea of 182.88 grains, and a diminution in the uric acid of 5.51 grains.

3. To determine the quantities of urea and uric acid excreted, the food and drink being the same as in the other experiments, but the body kept as nearly as possible at complete rest.

Commenced at 7 o'clock A. M. Immediately laid down on a sofa, and remained there continuously the ensuing twenty-four hours, with the exception of rising

four times to urinate. Food and drink the same in every respect as before. Mean temperature for the day 73°. Slept nine and a half hours. Total amount of urine, twenty-four ounces and seven drachms. Specific gravity 1.018. Quantity of urea 487 grains; uric acid 24.86. A diminution of urea from the normal standard of 125.09 grains, and an increase in the quantity of uric acid of 11.14 grains.

These results may be embodied in tabular form as follows, the diet being the same in each experiment:—

	Quantity of urine.	Specific gravity.	Quantity of urea.	Quantity of uric acid.
Moderate exercise,	31 oz. 2 drms.	1.021	682.09 grs.	13.72 grs.
Increased exercise,	34 " 1 drm.	1.024	864.97 "	8.21 "
No exercise,	24 " 7 drms.	1.018	487 "	24.86 "

From the above, it is, I think, conclusively shown that exercise, while it increases the amount of urea, diminishes very materially the quantity of uric acid; and that inactivity, though it diminishes the amount of urea, exercises a contrary effect upon the uric acid. As far, then, as experiments of this nature can do so, these decidedly tend to suport Liebig's doctrine. It must, however, still be admitted that there are great difficulties to be overcome before this view can be regarded as actually proved.

In further reflecting upon this subject, it occurred to me that if I could, by providing a greater supply of oxygen than ordinary, induce the formation of urea in animals in which it does not naturally exist, it would almost demonstrate conclusively that the hypothesis advanced by Liebig is correct.

I therefore procured a young blacksnake (*Coluber Constrictor*), and confined it in a large jar. It was fed, *ad libitum*, on flies, grasshoppers, and other insects. At the end of a week, I examined the solid excrement which had collected in the bottom of the jar. As I expected, it contained no urea; but, on dissolving it in warm water, and adding a few drops of hydrochloric acid to the solution, a large quantity of uric acid was in a short time precipitated. I next fitted to the jar an air-tight stopper, through which passed a glass tube. Through this tube, I introduced, three times a day, for a week, about two hundred cubic inches of oxygen, which was retained in the jar for two hours at a time. By its influence, the snake was rendered excessively lively; his eyes sparkled, and he darted from side to side with surprising agility. This state of activity continued during the whole time the jar remained closed. When atmospheric air was admitted, he soon relapsed into his usual sluggish state. During these experiments, his food was the same as previously mentioned, and was devoured with increased voracity.

At the end of a week, I removed the excrement from the jar, and dissolved it in warm water. A drop of the filtered solution was suffered to evaporate on a glass slide. On viewing it under the microscope, I observed most beautiful crystals of urea, mingled with those of amorphous urate of ammonia. Not being willing to rely upon the crystalline form alone as a test, I submitted the remainder of the solution to chemical examination, as follows. The process employed was that recently proposed by Liebig as a modification of his method of testing for urea with the nitrate of mercury. Solutions of corrosive sublimate and bicarbonate of potash were prepared and mixed together. On adding this mixture to the solution containing the excrement of the snake, the white precipitate of urea and protoxide of mercury were immediately thrown down. This examination I regarded as showing conclusively the presence of urea, and that in no inconsiderable proportion.

From the several experiments recorded in this paper, and more especially from the last series, I consider that the theory of Liebig, accounting for the formation of urea, is probably correct. True, there are many facts difficult to account for on the supposition of its truth, and many well-founded experiments to set aside, but surely the evidence is not altogether opposed to it; and though much still remains to be accounted for before it can be universally received, there is ground to expect that future investigations will do much towards its establishment.

It is my intention to pursue this subject further, by submitting other animals to experiment. It is only by continued investigation that correct ideas of so important and difficult a subject can be obtained.

Amputation of the Thigh in Civil and Military Practice; The Comparative Success of Secondary Operations—*by Richard McSherry, M. D., of Baltimore.*—The singular fatality which attends upon amputation of the thigh after gunshot wounds, is enough to restrain the hands of the surgeon wherever his patient is not subject to removal, for experience shows that, as a general rule, amputation in such cases adds nothing to, if it does not diminish, the chances for life. Such, at least, was my own experience, acquired during the campaign in Mexico, under General Scott; such must also have been the general experience of the medical staff of our army, for, so far as I could learn, there were no recoveries after this operation. Whether there may have been one or more exceptions, I am not prepared to say; but the rule is, unquestionably, that amputations of the thigh were followed by fatal results.

The mortality is by no means peculiar to our army or to the climate of Mexico. M. Ribes examined four thousand invalided soldiers, among all of whom he did not find one single instance of injury of the femur by shot, nor one who had undergone amputation of the thigh. They had all been lost. And so Malgaigne tells us that he lost all of his cases of amputation of the thigh after gunshot wounds during the Polish campaign.

These being familiar facts to me, I was surprised and gratified to find the statistical table of Dr. Norris, published in the July number of this Journal, giving results so widely different from those of military surgeons. The patients had, it is true, the best attentions of one of the best hospitals in this country, but that does not fully account for the success exhibited, which is as follows, viz:—

Sixteen amputations of the thigh, resulting in *two* deaths and *fourteen* recoveries. This was during a period of ten years.

Now, in the Paris hospitals there were, in ten years, according to a table given by Malgaigne (from 1836 to 1846), forty-four amputations of the thigh, resulting in *thirty-four* deaths and *ten* recoveries. We may readily admit that these patients in the French hospitals had all proper attentions, as well as the patients in the Pennsylvania Hospital.

The prominent causes of differences of result must be sought in the causes of operation. All of the Parisian cases just cited were amputations after traumatic lesions; and so were all in the various armies. The *two* fatal cases at the Pennsylvania Hospital were after fracture of the thigh and compound and comminuted fracture of the leg, respectively. Of the *fourteen* remaining and successful cases, *seven* were fractures (*one* ununited fracture of thigh), *one tumor* on the knee, and *six* caries of knee-joint.

In this brief comparison between the results of civil and military practice, we find a strong illustration of the fact that patients who undergo great operations, in full robust health, are more liable to perish than those who are subjected to them for chronic disease. Now, this fact has been used by surgeons of deserved eminence as a plea for secondary amputations, or perhaps it were better to say as a plea for attempting to save limb and life, holding secondary amputations in reserve as a last resort. But modern surgery is disposed to reprobate the plea; it is now an axiom that, where the femur is broken by a shot, the limb must be removed as early as possible. Is it correct? I do not believe it. If a surgeon, in the exercise of his judgment, allows a patient to retain his broken limb, for the time being, hoping to save it, and ultimately the patient dies, with or without secondary amputation, it is very commonly said that he *might* have lived, or he *would* have lived, if primary amputation had been performed. But where is the proof? To reply that, for well-known reasons, primary are more successful than secondary amputations, is merely begging the question. If the patient has had the ordinary advantages of position, attention, and rest, it can be nothing more than conjecture to say that his life was sacrificed by deferring operation. There is, there can be, no proof that such is the case. But there is abundant proof that delay brings many advantages. Dupuytren, in 1830, treated *thirteen* cases of fracture of the thigh without amputation; of these, *six* recovered and *eight* died. Malgaigne reports *five* cases treated by himself without amputation, of whom *two* recovered and *three* died. These results may not appear very flattering: yet it must be remembered in the same hospital, and at the same time, out of *forty-four* amputa-

tions of the thigh, *ten* recovered and *thirty-four* died. Thus, there the chances of life were greatest where the operation was not only deferred, but foregone altogether. With armies in motion, primary amputation is almost uniformly practised, with what results we have seen—all die. It must not be supposed that this is owing solely to transportation, for very commonly the patients are placed in military hospitals, which, measured by the terms of their lives, are permanent.

Dr. Norris' statistics show favorably for secondary amputations, inasmuch as there are *four* cases recorded where the operations, all after traumatic lesions, were performed at periods varying from ten to two hundred and twenty-five days after date of accident (or admission), while the *two* fatal cases were both subjected to primary amputation. *Seven* of the remaining cases, it will be remembered, were operated on for chronic disease: and, finally, *three* cases were cured after immediate amputation.

It is somewhat remarkable that, at the Pennsylvania Hospital, amputations of the leg resulted so much more unfavorably than of the thigh; thus, out of *forty-three* cases, *twenty-two* were cured (both legs removed in one instance), and *twenty-one* died (both legs having been removed also in one of these instances); but here it happens that, except *five*, all of the amputations were consequent upon severe injuries. So far as primary and secondary operations are concerned among these, of the *twenty-two* cured, *twelve* were primary and *ten* secondary; and out of the *twenty-one* deaths, *thirteen* followed the primary and *eight* the secondary operation.

I offer this brief summary of facts to show that the rule, now generally considered so absolute, that the thigh must be amputated immediately upon fracture of the femur by shot, is a bad rule, inasmuch as it requires certain destruction of the limb, without adding appreciably to the chances of ultimate recovery. When there is thorough disorganization of the limb from injury, the case, of course, is different; but the *exception* should not be made the *rule*; and, finally, whoever looks over the records of surgery will find numerous instances of preservation and cures, after the most formidable and unpromising injuries of the thigh, involving the femur, quite as many, perhaps, as there are recoveries after primary amputation.—*Am. Jour. of Medical Sciences.*

Case of Spontaneous Rupture of the Bladder—Extravasation of Urine into the Cellular Tissue between the Bladder and Walls of Abdomen—Operation—Recovery. *By A. V. Williams, M. D., late Physician-in-Chief to Ward's Island Hospital, &c., &c.*—William Maccullah, aged 32 years, a man of spare habit of body, but of great endurance, has for several years labored under stricture of the urethra, with frequent desire to urinate from irritability of the bladder. He states that on several occasions, he has been unable to pass any water for several hours. On the 9th day of June, 1854, I was called to see him, when he stated that he had not passed any urine for two days; that this morning, when making a violent effort to do so, he felt something give way in his belly, and "felt a snap;" since which he has felt no desire to urinate, but the pain is very great over the belly.

I endeavored to pass a catheter into the bladder, but found it impossible to do so. He was put in a warm bath, a large anodyne administered, and a warm poultice applied over the abdomen.

June 10th. He slept some last night, but otherwise remains in the same state, except that the abdomen was not swollen. I could not make any other *diagnosis* than that some portion of the bladder had given way when he felt the "snap;" and that the effusion of urine into the cavity of the abdomen accounted for the subsidence of the desire to make water, and also caused the other symptoms.

I requested Dr. Willard Parker to meet me, who, on examination, concurred with me as to the nature of the case, and of its desperate character.

On consultation, we agreed that the only chance for the man (and that a very small one), was to open the abdomen above the pubis, cut into the bladder, and pass a catheter, if we could, from within out through the penis, and re-establish a passage in that way.

To cut into the bladder from the perineum was useless, as the effusion was

above the pelvic fascia; and a puncture through the rectum was impracticable, as the bladder was empty, and could not be felt.

The case was fully stated to the patient, who requested me to "cut away."

After shaving the pubis, I made an incision about four inches long, from the pubis upward in a line with the linea alba, dividing the fibres of the pyramidalis; then very carefully divided the tendon beneath, and with a director dilated it freely. The urine flowed out abundantly from the wound. There was but little hemorrhage. The bladder was deep, and firmly contracted behind the pubis, and so altered in appearance that it could not be recognized as that organ. I pushed up the perineum with one finger, whilst Dr. Parker, with a hook drawing up the bladder, I punctured it with a bistoury; on dilating this opening with the finger, the internal surface was found corrugated and thickened. The opening into the urethra could not be felt, so that the original design of forcing a passage from within outwards, could not be done. Whilst my finger was retained in the bladder, Dr. Parker accordingly passed a grooved sound into the penis, down to the strictured part, and forced it forward until the point was felt by my finger through the thickened coats of the bladder, which were so tough I could not tear them with the nail, but cut upon the end of the sound, with a probe-pointed bistoury, carefully passed along the finger.

The wound made in the abdomen was brought together by a single suture; a catheter introduced through the false passage made into the bladder, a large anodyne given to the patient, and he placed in bed as soon as the operation was completed: he felt greatly relieved, and soon fell asleep.

June 11th. The patient says he feels pretty comfortable: he only complains of the general soreness of the belly. The urine flows from the wound, and also from the catheter.

June 12th. Had a bad night; pulse, 130; abdomen tender; urine flows as yesterday; bowels not opened; vomits a green matter; skin hot; but says "he shall get well," which opinion he stuck to throughout. Gave him opium grs. iij., with calomel grs. viij., and directed a pill of calomel gr. ij. and opium $\frac{2}{3}$ gr. to be given every two, three, or four hours, according as he is restless; diet accordingly, with poultice to abdomen.

June 13th. Passed a more comfortable night; the vomiting has ceased; bowels freely purged; pulse, 130; abdomen tender; wound healing above the suture, whilst the urine flows from the lower part above the pubis, and through the catheter; continue the calomel and opium every four hours. The constant dribbling of the urine over the scrotum has produced excoriation, which annoys the patient more than his other troubles. This was relieved by simple cerate, and the parts protected from the urine by an oiled-silk bag.

June 14th. Patient attacked with violent hiccough, from which he suffers dreadfully. This symptom caused great distress, and continued without intermission for an entire week. Nothing seemed to do any good, and all remedies for it were abandoned, except a pill of opium three or four times a day; the calomel was omitted on account of his gums being sore. The symptoms of peritonitis are subsiding.

June 21st. The subsidence of the hiccough was a great relief. The patient began to show his sufferings. Beef-tea and milk punch were ordered, and a general supporting regimen was followed throughout the remainder of the treatment, with quinine.

A slough came out of the wound above the pubis, about the size of a pullet's egg, leaving a clean, granulating sore, which healed kindly. On the 27th day after the operation, the wound had entirely closed, and the urine passed through the penis in a fuller stream than it has done for years. The patient entirely recovered, and engaged in his laboring business as a journeyman butcher.

I am not aware that a case similar to this is recorded; cases occasionally occur of ruptured bladder from external violence, which have always proved fatal. Will not the result of this case justify in them a similar operation above the pubis, to allow the escape of the extravasated urine?

In recording this case I should fail in my duty, did I not acknowledge the able assistance rendered during the operation by Professor Willard Parker.—*New York Medical Times.*

Use and Abuse of Chloroform.—When a man takes away his life, in ninety-nine cases out of a hundred he is incapable of acting otherwise; when a soldier falls in the ranks, fighting against the enemies of his country, he dies in the performance of his duty; when a patient sinks in the hands of the surgeon, his death is the result of an earnest effort to prolong life. Such events are inevitable; there is no individual responsibility, and there is no blame. This cannot be said when life is destroyed by carelessness, or by a want of prudence in appreciating and avoiding danger. Week after week deaths by chloroform are recorded, until at length these events have become so common that they scarcely attract attention. This cannot and must not be. Had a tenth part of the catastrophes thus caused in the surgeon's hands resulted from the use of aconite or opium, these valuable drugs would have been excluded from the pharmacopœia. What, then, is to be done with chloroform? Is its use to be altogether prohibited, or can it be persevered in under the precautions which directs the administration of other powerful agents? We are accustomed to administer in medicinal doses the most deadly poisons, and to see them produce the most beneficial effects. Aconite, arsenic, and prussic acid, become with many other destructive agents, most valuable remedies, never, with ordinary precautions, proving dangerous. Is it not possible to use chloroform in the like manner? There seems no reason why it should not be so.

In the first place, the indiscriminate administration of this agent must be given up. There is no doubt that the novelty of the practice, the remarkable effects produced, and the freedom from risk, too unhesitatingly asserted, have led to very grave abuses. Had it been otherwise, had chloroform never been inhaled, save when its use was necessary, lives would not have been sacrificed to the removal of a tooth, a toe-nail, or a little finger, in tapping a hydrocele, or touching a sore with caustic. In the first instance, then, chloroform must not be administered almost *ad libitum*, as has hitherto been done. Its use must be reserved for those cases in which the intensity or duration of the pain in an operation constitute serious complications, or where insensibility is essential for the success of the surgeon's proceedings. To this the practice must come at last. The sooner it does so, the less will be the expenditure of life.

In the second place, due care must be used in the mode of administering the drug. An atmosphere of chloroform will asphyxiate, by excluding respirable air, as effectually as would carbonic acid or a ligature round the throat. No one should attempt to take upon himself the delicate operation of thus manipulating, if we may so speak, the vital air breathed by a human being, without acquiring, under proper tuition, that skill which would render him fully competent for this duty.

Lastly, there are cases in which chloroform should not be given, even under pressing necessity, or by the most judicious hands. There are cases in which it is impossible to say how small a dose will destroy life. How fearful has been, in several instances, the position of the surgeon, who, using every apparently necessary precaution whilst performing some comparatively safe operation, confident in the hope of witnessing the success of his proceedings, and rejoicing too that his good work was being done without pain to his patient, when he suddenly receives the overwhelming announcement that the pulse is quivering, that it has ceased, that life is extinct! We have witnessed such cases—we never wish to see them more. But to return. We have said that a dose of chloroform, fatal in one case, will be borne with impunity in others. What constitutes the difference? It would seem that those diseases of the lungs and heart which interfere with respiration are those which render the subjects of them more particularly prone to the dangers of chloroform. In some of these diseases—for example, emphysema, bronchitis, valvular diseases of the heart seriously interfering with the circulation, no one would for a moment think of incurring the risk of producing insensibility by chloroform. These are palpable conditions not difficult to discover. The danger has been prominent in such cases; hence death has often followed the use of chloroform in any of these diseases, There is, however, one less manifest disease of the heart, from which death has far more frequently occurred in subjects under the influence of chloroform than from any other. This is fatty degeneration of the muscular walls of the organ. Here death seems to be caused by a

directly paralyzing influence of the drug on the already feeble and flagging fibre. In the vast majority of "fatal chloroform cases," this condition, unexpected or unsought for during life, has been, after death, discovered. It has then, too late, solved the mysterious event, and afforded a *quasi* relief to the conscience of the operator. Questions of truly vital importance hence arise. Can we distinguish in the living subject this state of heart? or, failing to do so, are we liable, in administering chloroform when necessary, and under all reasonable precautions, to meet with unexpected and fatal accidents? The whole subject of fatty degeneration is a new one. Our knowledge of its nature dates back not more than four or five years, our acquaintance with its effects therefore must be limited; the greater opportunity, however, exists for close and complete investigation. For we cannot, under all circumstances, help believing that if the ruddy vigorous, mascular walls of that all-important organ, the centre of the circulation, are converted into a pallid, flabby, fatty tissue, its functions will be found seriously interfered with. There cannot but be evidence in such cases of a faltering circulation. The latest and best researches on the subject show that it is so. We cannot here enter fully on these conditions; they may be traced in the flabby composition, and the feeble, flagging energies of the individual, in the shortened breathing, and the general want of power in the circulating system. We may expect to find such features in those whose vigor has yielded beneath the influence of want or chronic disease, in the aged, or the young grown prematurely old by over-application or constitutional decay, and in the dissipated, whose physical constitution is as degraded as their moral attributes. In all such cases, the paralyzing influence of this agent on a fatty, feeble heart may be feared, and its use should be avoided. With the precautions we have insisted on, the administration of chloroform will prove a blessing; without them, its abuse threatens to be a curse.

Guy's Hospital.—*Malignant Disease of the Principal Viscera.*—(*Under the care of Dr. Babington.*)—Emily G———, aged forty years, a widow, was admitted May 18th, 1853.

About six months before admission, she perceived a swelling just at the angle of the left lower jaw; it gave her but little uneasiness at first; but at length it increased in size, and she was treated at this hospital with iodine in its various forms, in conjunction with sarsaparilla, cod-liver oil, blisters to the neck, scarification of tonsils, and generous diet, with wine.

The patient had not been in the hospital long before other lumps made their appearance, some in the front part of the neck, causing great difficulty of breathing, and others in the abdomen producing tenderness and burning heat.

Shortly after this another complication took place; the tonsils became considerably enlarged, this circumstance causing great difficulty of deglution. The legs now became œdematous and painful, and the treatment seemed to afford her but little relief. The pulse was intermittent, the tongue coated with a brown fur, and the urine albuminous.

She was ordered chalybeate medicines, in the form of the iodide of iron, with sarsaparilla and generous diet.

But the breathing, after some days, became extremely difficult, and the swelling in the neck and tonsils very painful. All the symptoms assumed, about two months after admission, a very aggravated character, and the poor woman died exhausted, after having suffered considerably.

Post-mortem examination, fifteen hours after death.—Body much emaciated; abdomen distended and globular; lower extremities œdematous. The lungs were not adherent, but contained portions of malignant disease, about the size of walnuts, especially the lower lobe, on the left side. The heart was small and contracted, with atheromatous deposit on the mitral valves. The liver was *enormously enlarged*, weighing six pounds and a half, and its whole substance was *infiltrated* with malignant tumours, as was also the gall-bladder. The spleen was very much enlarged, and weighed three pounds and a half; the kidneys pallid, and filled with *malignant deposit.* The stomach was small but healthy. A mass of malignant disease was found in the lumbar glands, which, pressing upon the vena cava, had caused the œdema of the lower extremities. The enlarged glands of the neck were of the same malignant character as was noticed in the lumbar glands.

Editorial and Miscellaneous.

With this number our journal completes its first year; it may be well to look back into the past, to learn to improve the future.

We began our enterprize under circumstances, anything but flattering; we were young men unaccustomed to the labors we assumed; we had no promise of support, and there existed already in our city, an ably conducted medical periodical, which could not fail to be a dangerous rival to our enterprize in its infancy. We published our first number without a subscriber, or even the certitude of a future contributor to its pages, but we were determined the journal should succeed—and it has succeeded—succeeded, not beyond its deserts, for although modest, we claim for it some degree of merit, but beyond our most sanguine expectation. So far, our number of contributors have been limited; but we can say with pride, that few medical journals in the first year of their existence, have furnished to their readers more valuable matter than can be found in ours.

We were in hopes that the younger members of our profession would have favored us with the result of their labors; for, untrammelled by the cares and anxieties of practice, eager in pursuit of knowledge, anxious for its advancement, emulous of reputation, it is towards them that science should look for its votaries; but we have been disappointed. Perhaps they were fearful that in writing for a new journal, their bread would be cast upon the waters without that hope of a return which was elsewhere promised; be it as it may, we owe but little thanks to the labors of "young physic," exclusive of ourselves, for that success which has marked the career of our bantling.

To the older members of the profession who have written for us, we return our thanks, as do also, we trust, our readers. To some of them who have intimated that the number of our pages is too limited for lengthy communications, we would say, that we can always give them ten or fifteen pages, with the privilege of continuing; and a good article is never spoiled by being divided.

There are many persons who do not attach a sufficient importance to the necessity of prompt payments, and we are sorry that some of our subscribers should be placed in this category. In order that an enterprize, such as ours, should be carried on with satisfaction both for the proprietors and those for whose benefit it is instituted, the latter should not forget, that like other species of labor, printing costs money, and that patience becomes exhausted when too much taxed. To those who seem oblivious or ignorant of these facts, we will remark that, we have furnished them a good journal for a whole year without receiving remuneration, and that we must be paid or they shall have it no longer. After the first of April their names will be erased from our books, unless the amount of their subscriptions be previously sent. A three dollar gold piece, or three gold dollars are easily forwarded by mail; the postage we willingly pay.

We make no promises for the ensuing year; but, inasmuch as our improvement has been steady, it is more than probable that the same will continue, and it shall be no fault of ours if the Journal fails to give that satisfaction hereafter, which we have every reason to believe it has hitherto afforded.

Report of the Sanitary Commission of New Orleans on the Epidemic Yellow Fever of 1853—*Published by authority of the City Council of New Orleans.*—This volume of about five hundred pages, illustrated with maps diagrams and ta b ular statements, is now before us—containing minutes of evidence taken here and elsewhere on the facts incident to, and simultaneous with the existence of yellow fever, and a report, first, by Doctors Axson and McNeil, on the origin and mode of transmission of the yellow fever. Second, on sewers and drains, their adaptability to our city and influence on health, by Dr. Riddell. Third, on the uses and application of quarantine and its influence in protecting the city from epidemic an l contagious maladies, by Dr. Simonds. Fourth, on the sanitary condition—all causes influencing it, on the measures to remove or prevent them, and into the causes of yellow fever in other localities having intercourse with New Orleans, by Dr. Barton.

This work is a flattering record of the zeal, labor, and ability with which the members of the Commission have fulfilled the task imposed upon them, without other reward than the increased gratitude from their fellow citizens, to which it has given them a claim; and the conviction that all the sacrifices of time and labor, which public interest can demand from any one, have been by each of them fulfilled.

The conclusion established on the first branch of the report is, "that the yellow fever, of 1853, has not been derived from abroad, but is of spontaneous origin:

"That there existed here, as attested by our records, very peculiar meteorological conditions, known by general experience, to be capable of producing, in co-operation with local causes, fatal and malignant forms of fever:

"That, these conditions were present in an exaggerated degree, and impressed upon the prevalent type of disease susceptibilities and habits assimilating it to another and distinct form of fever:

"That, this showed in all those localities within the range of the meterological state or influence, an infectiousness not necessary to, or characteristic of the fever, but purely casual and incidental, the result of physical causes, and which it loses as soon as these causes are changed or disappear."

The arguments and illustrative facts, through which these conclusions are arrived at, would take too much space even to condense them; the premises seem indisputable and the deductions rigid.

On the second branch, that of sewers and drains we have a report explaining by plates a system of sewerage recommended by the Commission. The plan may be thus briefly stated—at high water the elevation of the river will cause a spontaneous current through the perforated levee along the street gutters; at low water, steam can be used to lift it into a canal reservoir running parallel with the river and placed in the body of the levee—every side gutter of every densely populated square should be thus made to bear a constant stream of water from the river—at the street crossings, each gutter should lead into and through a capacious covered reservoir, or silt-box, corresponding in position to the present street bridges. These are for the deposit of sedimentary matters borne along by the gutter currents, etc.

For house drainage the lately improved London system of pipe sewerage is recommended. This consists of stone-ware pipes. The main pipe sewer proceeds from the interior of the square, is from three to six inches in diameter, and is carried with a regular declivity to be discharged into the nearest adjacent gutter; discharging into the main pipe is a branch pipe from each lot or building in the square; the mode of junction being explained by plates accompanying the report. We give the concluding portion of this branch of the report, in its own words:

"Should the system of drainage and sewerage, which we recommend as specially adapted to this city, be put into complete operation, we should expect that the following general effects might be noted.

Along the gutters of the leading streets, would constantly run little rivulets of inodorous river water, which becoming more and more clear as it receded from the river bank, leaving all sedimentary matter in the silt-boxes, would enter the draining canals in the rear of the city, limpid almost as the waters of the lake. The draining canals would not fill up as they do at present, and nine-tenths of the current expense of cleaning them out, would be avoided.

The silt-boxes would be the receipients of the sediment, dirt and filth which now form an unwholesome coating to our streets and banquettes. No unpleasant emanation could proceed from the silt-boxes, because the sedimentary matter would be constantly covered with fresh running water. When these receipients of sediment became two-thirds filled with deposit, it would be proper to have them emptied, which could be conveniently and readily accomplished. Thus on an average, they would always be two-thirds full of liquid water supernatant above the compact mud. They will therefore be found, now and then to serve a purpose of incalculable value, in furnishing a ready and abundant supply of water for the extinguishment of fires. Not only will their contained water be conveniently and immediately available, but by opening to a sufficient extent, the sluices connecting the appropriate street gutters with the canal reservoir in the levee, the silt-boxes can be so promptly replenished, as to be kept continually full.

The gutters of the cross streets, designed solely for carrying off rain water, would ordinarily be dry and clean. No backed up, stagnant fetid water, green with algoid growths and alive with animalcules; no particolored kitchen slops, foul soap suds, or other nameless fluid mixtures repuguant to the senses, would greet the eyes and the olfactories of the passer by.

The subsoil upon which our city stands, consists mainly of exceedingly fine quartzose clay, being a pure earthy deposit from the turbid waters of the river, in former times. Water permeates this subsoil very slowly. It is naturally almost deficient in putrescent elements; nor can it give transit to gaseous emanations from the deep underlying, unexplored strata, to an amount sufficient to be prejudicial to human health. Let us but keep the surface clean and sweet, let us abolish from our midst, all stagnant pools of water, all exposed reservoirs, of putrifying filth, and let us moreover effectually drain the swamps in our neighborhood, and New Orleans will probably become as noted for its salubrity, as it now is for its devastating epidemics.

The report on Quarantine states that the Commission is unanimous in the opinion that one should be established. Waiving the question of the contagiousness or infectiousness of yellow fever, on which opinions seem to be divided, yet to use the language of Dr. Hume, of Charleston, a contagiousness or infectiousness in the condition of the atmosphere of crowded, filthy cities, contingent for its development on the introduction of the specific virus (so to speak) of the yellow fever, may exist. The introduction of this virus by the arrival of a vessel from a yellow fever port, operates as a new element to the already vitiated atmosphere; works as a new leaven to a new production. Its effects are limited to the atmosphere of the city.

Had the atmosphere been originally pure, the disease would not have extended. It is possible that a quarantine, by shutting out this new leaven, might in some one or more seasons exempt us from the yellow fever; and this would be more than recompense for the cost and sacrifices of its maintenance.

As to its influence in excluding other diseases, such as small pox, typhus or ship fever, and others admitted to be contagious or infectious, there is no dispute. "To increase a population, we must preserve them in health by all the sanitary means that wisdom has placed in our hands, and we must defend them against the importation of diseases endemic to other climes and exotic to our own. That yellow fever is one of this class we have every reason to believe. Its capability of introduction into other countries is admitted by all who have carefully examined its history with unbiasssd minds; but still commercial interests induce many to believe that the matter is not fully established."

The fourth and last branch of the report by Dr. Barton, on the sanitary condition of the city and causes influencing it, presents a wide field, which the author has labored with an imposing, valuable and irresistible array of facts to demonstrate what is in accordance with the common sense, common feelings, and common experience of mankind—the antecedent necessity of vitiated atmosphere from vegetable or animal effluvia to generate epidemic disease. This with certain meteorological conditions, high temperature, great humidity, stagnant atmosphere, etc., are essential to the production of yellow fever.

The Doctor has argued this point with the enthusiasm of the philanthropist, of the lover of truth for its own sake, and with the detailed experience of the sage, in a treatise of great length, every proposition in which is fortified by fact or pregnant with suggestion. There is no citizen of New Orleans who can fulfil his public duties as intelligently without the information given in this report, as he can with it, and to all to whom health individually as controlled by personal habits, or health as modified by general influences of which the individual has no control, except as a part of the governing power; to all to whom the individual prosperity, as controlled by the general prosperity, is a matter of deep concern, (and to whom are they not of the deepest?) we recommend to make themselves conversant with this report, and to act resolutely in their several spheres to bring about the remedies which it suggests.

Dr. Delamarre has addressed a paper to the Academy of Sciences, Paris, entitled: "Mémoire on a new sound perceptible upon auscultating cavities of the lungs in process of cure by the administration of helicine." Amongst the many remarkable phenomena which follow this treatment, the author mentions that the quantity of the expectoration is diminished ninety per cent., and that the cough decreases gradually, as well as all the other morbid symptoms; when the ear is placed to the chest at this stage of the disease a peculiar sound, which he calls bruit de décollement, is heard. He gives it this name on account of its similarity with the sound caused by the sudden separation of two surfaces united together by means of glue, or some other adhesive substance. He considers it to be owing to the gradual closing of the cavity.

MESSRS. EDITORS:—An article published in one of the city papers, of Jan. 3rd, and headed "cruel," calls forth a few remarks, which I trust will lead to more charitable conclusions than those assumed by the writer in question. I am willing to believe he has been mislead by persons who are prejudiced towards the parties mostly concerned, persons who are not actuated by that spirit of justice which should characterize those who undertake the task of investigation or censure.

In the article to which I refer an effort was made to impeach that character for philanthropy which the physicians of this city have earned so dearly; and furthermore to impute to the Sisters of Charity in the hospital, motives of action directly at variance with their widely recognized humanity. The innuendoes and assertions of this article should not be passed over lest they have some weight with those who are unacquainted with the admirable system of management of the noble institution of which we are so justly proud. The circumstances which called forth the remarks to which we refer are, briefly as follows: An Irish woman lately from Illinois was discharged from the hospital ten days after her confinement, at her own request; the weather at the time was inclement; she took shelter in one of the station houses where her child died of exposure. This was a melancholy occurrence, but of course neither the officer who signed her discharge or the Sisters in attendance could be held responsible for it; the woman was well, she insisted on leaving the institution and could not be detained with propriety. How much better would it have been had the censorious gentleman in question directed his remarks to the city authorities, and called their attention to that miserable management of their temporary prisons, which permits an unfortunate inmate to perish of cold, hunger or filth, without that succor which is so easily procured.

The feeble attempt of the writer to create anti-Catholic capital at the expense of the reputation of one of the most magnificent charities in the world, can not but be justly appreciated. He says: "Had she (the woman,) been an emigrant the question arises whether she might not have found more sympathy; it is said that a cross has a wonderful influence in unlocking the larder and preparing delicacies such as the sick or convalescent should receive at the hands of christian nurses." It happens that the unfortunate subject in question was an Irish woman and in all probability a Catholic, so that if she were ill used it was certainly not on account of her being an American and a Protestant. Such unjust aspersions of the well established character for benevolence of a class of self-sacrifising women, as is contained in the quotation we have given, could only be made by a person totally ignorant of the economy of the hospital. He might have known that the regulation of the diet of patients is as much under the control of the attending physician as is the quantity or quality of the medicines which he prescribes, and the attending sister of the ward would be as likely to infringe one portion of the written orders as another. As to delicacies, the sick share and share alike; the common food comes from the common kettle, it is all wholesome, but if any one patient gets a tit bit, the morsel of the others is certainly flavored by it.

I have visited the Charity Hospital for many years, and thus far have never observed either in the conduct of the sisters or officers of the house, anything which might call forth just censure; from misrepresentations no one can be safe—witness the present instance.

A PHYSICIAN.

The Beale Case.—We had thought of making an extended notice of this case; but the whole ground seems to have been covered by Dr. Hartshorne, of Philadelphia, in the December number of the Medical Examiner. Let us suggest that under the circumstances Miss Mudge may have had some of Juliet's thoughts, which even the chaste Mrs. Jamieson justifies:

"Gallop apace, you fiery-footed steeds,
Towards Phœbus' mansion; such a waggoner
As Phæton would whip you to the west
And bring in cloudy night immediately.
Spread thy close curtain, love performing night!
That runaway's eyes may wink; and Romeo
Leap to these arms, untalk'd of and unseen!
Lovers can see to do their amorous rites,
By their own beauties: or, if love be blind
It best agrees with night."
"So tedious is this day
As is the night before some festival
To an impatient child that hath new robes
And may not wear them."

[*Romeo and Juliet, Act III., Scene II.*

Books Received.—Dr. Thomas S. Kirkbride, Physician to the Pennsylvania Hospital for the Insane, has kindly presented us with a copy of his work "on the Construction, Organization and General Arrangements of Hospitals for the Insane." We cordially recommend it to the careful perusal of, not only those who have made a '*speciality*' of this branch of the profession, but also to those who are in any way connected with the erection or internal arrangements of such institutions.

We have received the proceedings of the Louisiana State Medical Society, fifth annual session; also, the report of the Board of Administrators of the Charity Hospital, made to the State Legislature. From this last it will be seen that in the past year there have been admitted into the institution, 13,080 whites, and 112 blacks, of these 9976 were discharged, and 2702 died. Of the patients, 1502 were Americans, 11,606 foreigners, and 84 unknown; 10,142 were males, 3050 females. The number of births was 152; still born 22; males 54, females 66. By far the larger number of patients admitted were Irish, viz: 5491. The next, numerically, were Germans, 2777.

The financial condition of the Hospital is excellent, notwithstanding the enormous outlays consequent upon the epidemics of the past two years, and the expenditure of over $40,000 in new buildings and repairs, the balance sheet of the Treasurer shows nearly $32,000 in favor of the institution. This favorable state of things is owing probably to the large increase of emigration over past years, from which source the Hospital derives its principal revenues, and the energy and industry displayed by those who have the collection of Hospital dues under their charge.

"An Inquiry into the Pathological Importance of Ulceration of the Os Uteri, being the Croonian Lectures for the year 1854, by Charles West, M. D., Fellow Royal College Physicians, etc." Such is the title of a handsomely printed octavo of 88 pages, published by Blanchard & Lea, Philadelphia, and sent to us through Thomas J. White, Medical Book Store, Canal street. We will give it a more extended notice in a future number.

A new exchange has been added to our list: "The Medical Counsellor, or Weekly Gazette of the Medical and Physical Sciences," edited by R. Hills, M. D., at Columbus, Ohio. Terms two dollars per annum, invariably in advance. We have received the first number printed in good style, and altogether creditably executed. The enterprise we doubt not, will prove successful and the editor may feel assured of our best wishes.

CHARITY HOSPITAL.

The wards of the institution are at this time moderately full. The principal diseases are:—pneumonia and pleurisy, diarrhœa, dyssentery and some typhoid fever. Within the past two weeks cases of cholera have been somewhat numerous; the admittances from this disease are now on the decline.

There has been quite a number of operations in the hospital during the past month; among others, four amputations of the leg, two of which were rendered necessary by railroad injury; one operation for necrosis of tibia, one for cataract by depression. The patients, with the exception of one of the amputations, are doing well.

There has been an excellent opportunity for the study of penetrating and gun shot wounds presented to the students of the university, this winter. In the early part of this month, four men were brought into the hospital, wounded with a knife in one fracas. The injuries were probably inflicted by one man, who having placed himself behind a doorway, stabbed the others as they came out; all the wounds were in the abdomen, and did not vary more than a hand's breadth in their relative position. Two of the four died. One of these, who entered the hospital fully twenty-four hours after receiving his wound, expired at the door of the ward. The post mortem examination in his case, was interesting. On opening the cavity of the abdomen, an immense clot of blood was found situated beneath the peritoneum, and on further investigation, a wound of the vena cava ascendens, just below the situation of the emulgent veins, large enough for the introduction of the finger. This was a lesion, one would suppose, grave enough to cause almost immediate death, and yet the patient lived twenty-four hours, was strong enough the morning after the stab, to walk to a cab, ride to the hospital and walk into the house. The wound of the vein had been probably closed by coagulum, which was broken up by the exertion of getting to the hospital, and the sudden death was owing to a recurrence of the internal hemorrhage. A case somewhat similar to this occurred in the hospital two or three years ago. A man was stabbed in the

superior and anterior portion of the chest, there was but little apparent trouble from the wound for three days, and the surgeon in attendance was of the opinion that he was doing well. He suddenly died. On post mortem examination, there was found a wound of the right auricle of the heart, into which two fingers could be thrust.

In the *Dictionnaire de Médicine*, (*en trente,*) article *Cœur*, many cases of wounds of the heart are mentioned, some of which terminated in the death of the patient, as late as the fifth day. But the most extraordinary case of the kind on record, is that of a man who was stabbed in the right ventricle, the ascending cava being also wounded, and the aorta entirely transfixed. This patient lived eleven days after the injury, and was well enough on the fifth to pursue his ordinary avocations.

In one of the surgical wards a singular case of traumatic lesion of the eye was observed. A man had been wounded, some time previously, by a sharp piece of stone; the missile had made an opening through the superior portion of the sclerotica, at about two lines distance from the cornea. Through this, to judge from the present condition of the eye, nearly the whole iris must have protruded, as but a small vestige of it is observed hanging into the anterior chamber, at a point a little anterior to the situation of the wound; at this situation is seen that mulberry appearance usual in herniæ of the iris or choroid, through the cornea or sclerotica. The anterior chamber of the eye looks as if filled with black ink, an appearance caused by the entire absence of the iris, and the consequent existence, as it were, of a vast pupil. Singular to relate, the functions of the retina are but little, if all impaired, and if the eyelids be partially closed, or a piece of perforated card be substituted for the lost diaphragm, the patient sees remarkably well.

CHARITY HOSPITAL REPORT—Month of December, 1854:

Admitted,	1,318
Discharged,	1,007
Died,	233

Births, 14—5 males, 8 females, and 1 still born.

Our Journal has now such a list of subscribers, as to make it a valuable medium of advertising to Druggists, Surgical Instrument makers, Bandagists, and others, whose occupations either remotely or directly are connected with the profession. We therefore place before them the terms of the New Orleans Medical News and Hospital Gazette, and solicit their patronage.

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